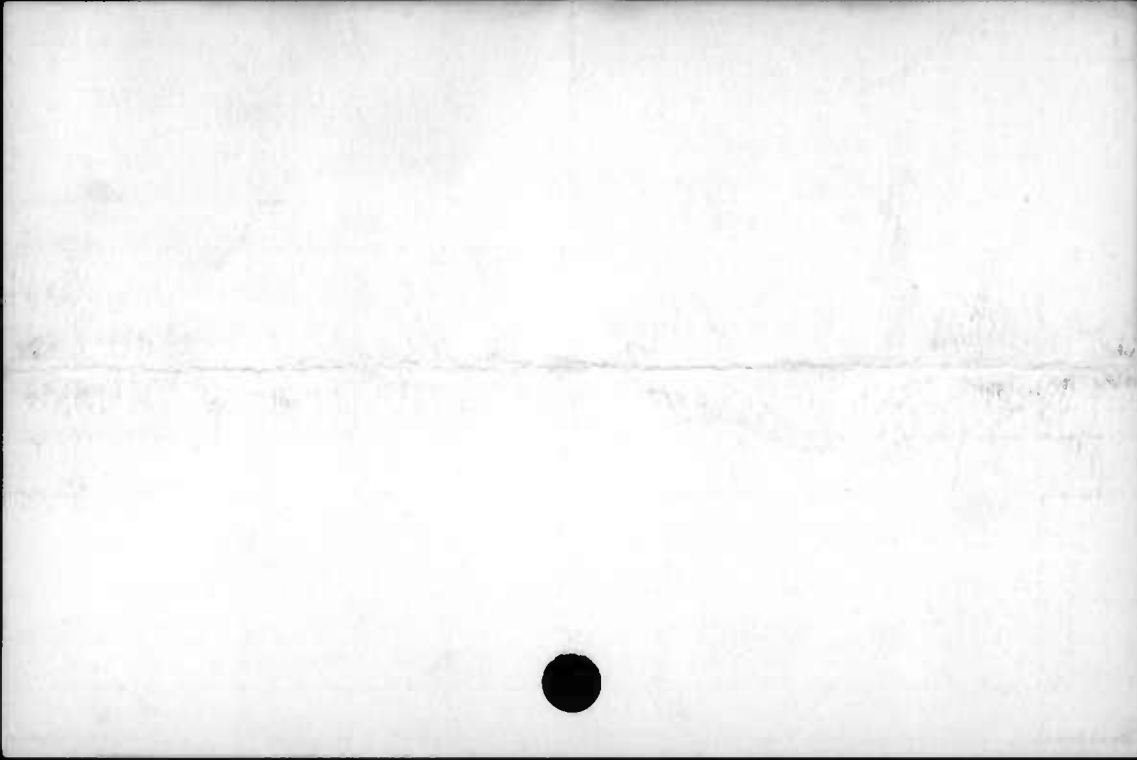


Name in Full Henrietta Andrews		CERTIFICATE OF DEATH	
Died at Springfield Hospital - Carroll		County	
Date of death 1908 August 13th		Age 42	
Sex Female		Color or Race White	
Occupation House wife		Where Residing if not at place of death	
Married, Single or Widowed Married		Name of Wife or Husband Unknown	
Father's Name Thos. Pitcher		Father's Birthplace W. Va.	
Mother's Maiden Name Georgiana Kooty		Mother's Birthplace Ind.	
Name of person giving information Hospital records		How related to deceased None	
CAUSES OF DEATH (68)			
Primary Acute Melancholia		How long 7 months	
Immediate Exhaustion & Inanition		How long 15 days	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician W. Henry Fisher S.D.	
		Address Sykesville Ind.	
Accident or Suicide? No.			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

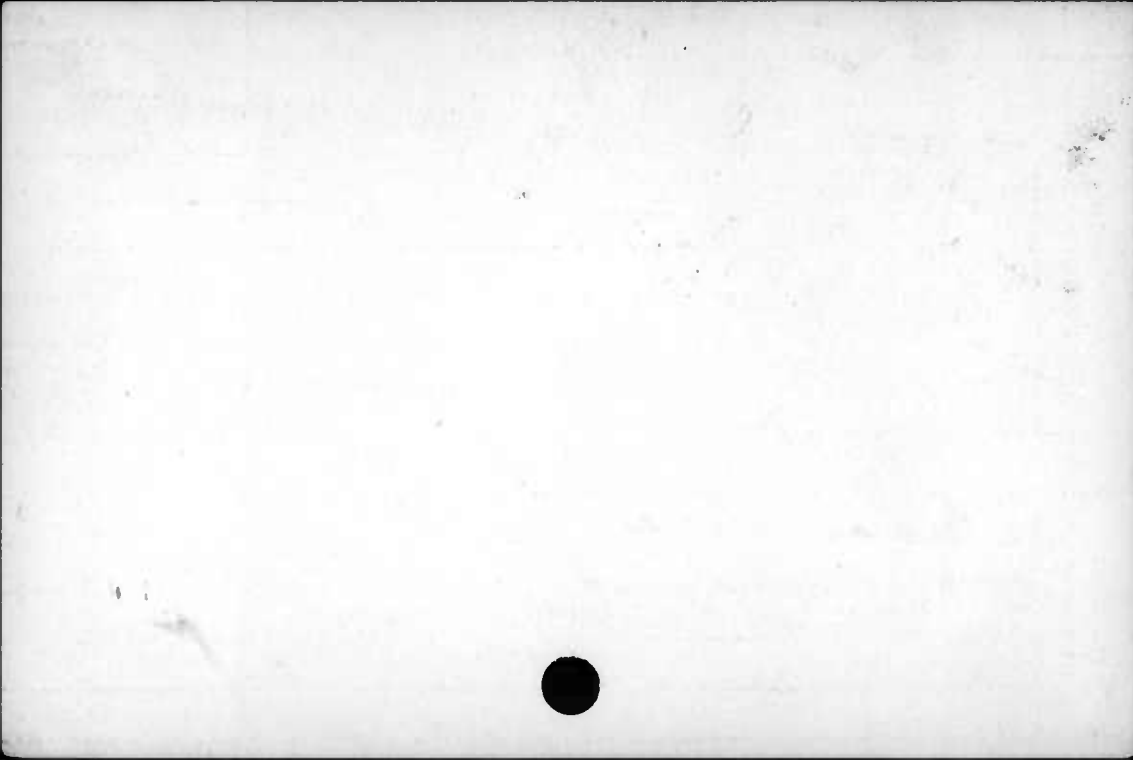
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George W. Babylon</i>		Town <i>Frischellburg</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 August 27</i>		<i>70</i>		<i>9 1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Retired Miller</i>		Where Residing if not at place of death <i>Frischellburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fanny Babylon</i>					
Father's Name <i>Michel Babylon</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Dell</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Joseph Baum</i>		How related to deceased <i>Not Related</i>					
CAUSES OF DEATH				79			

PHYSICIAN
OR CORONER

Primary <i>Cardiac Hypertrophy & Gastric Ulcer</i>	How long <i>Probably 5 years</i>
Immediate <i>General Anasarca</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lester Kempner</i>
	Address <i>Meriontown Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>H. Josephine Baker</i>		Town <i>Manchester</i>		County <i>Barroce</i>		MARYLAND									
Died at <i>Manchester</i>		Date of death 190 <i>F</i>		Month <i>F</i>		Day <i>16</i>		Age <i>77</i>		Years <i>77</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co. Md.</i>											
Occupation <i>House Work</i>		Where Residing if not at place of death <i>Manchester Md.</i>													
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Daniel O. Baker</i>													
Father's Name <i>John Stimmel</i>		Father's Birthplace <i>Fredrick Co. Md.</i>													
Mother's Maiden Name <i>Elizabeth Smith</i>		Mother's Birthplace <i>" "</i>													
Name of person giving information <i>John Baker</i>		How related to deceased <i>Son</i>													

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary <i>Softening of the Brain</i>		How long <i>6 Months</i>	
Immediate <i>Paraplegia</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Weaver</i>	
		Address <i>Manchester Md.</i>	
Accident or Suicide?			



Name
in
Full

Daisy Ursillar Barnes

No 377

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

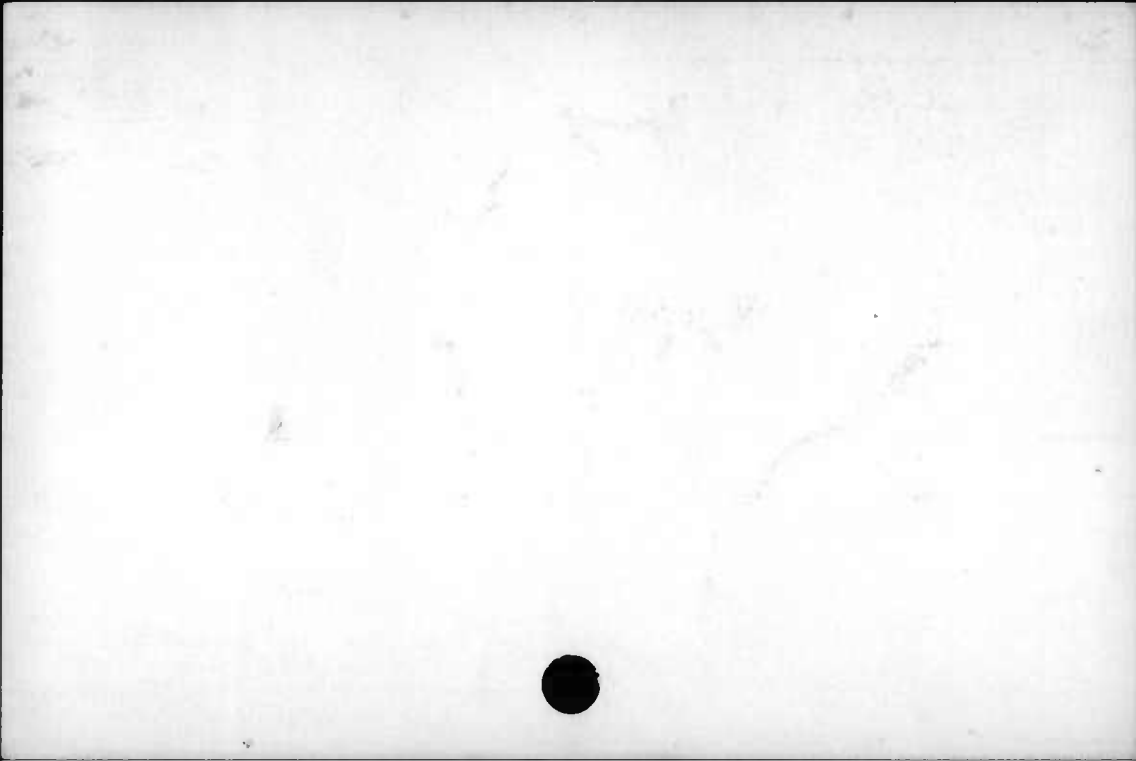
Died at <i>Igkesville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>11</i>	Age <i>25</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Richard D. Barnes</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Susan G. Barnes</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Hospital Records</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>about 30 days.</i>
Immediate <i>Acute Peritonitis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris, M. D.</i>
	Address <i>Springfield Hospital, Igkesville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Frederick C. Beyer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Springfield Harp

Carroll

Date

of death

1908 Aug

Day

7

Age

30

Month

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Gottfried Beyer

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

"

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

about 1 yr.

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Chas. J. Carey

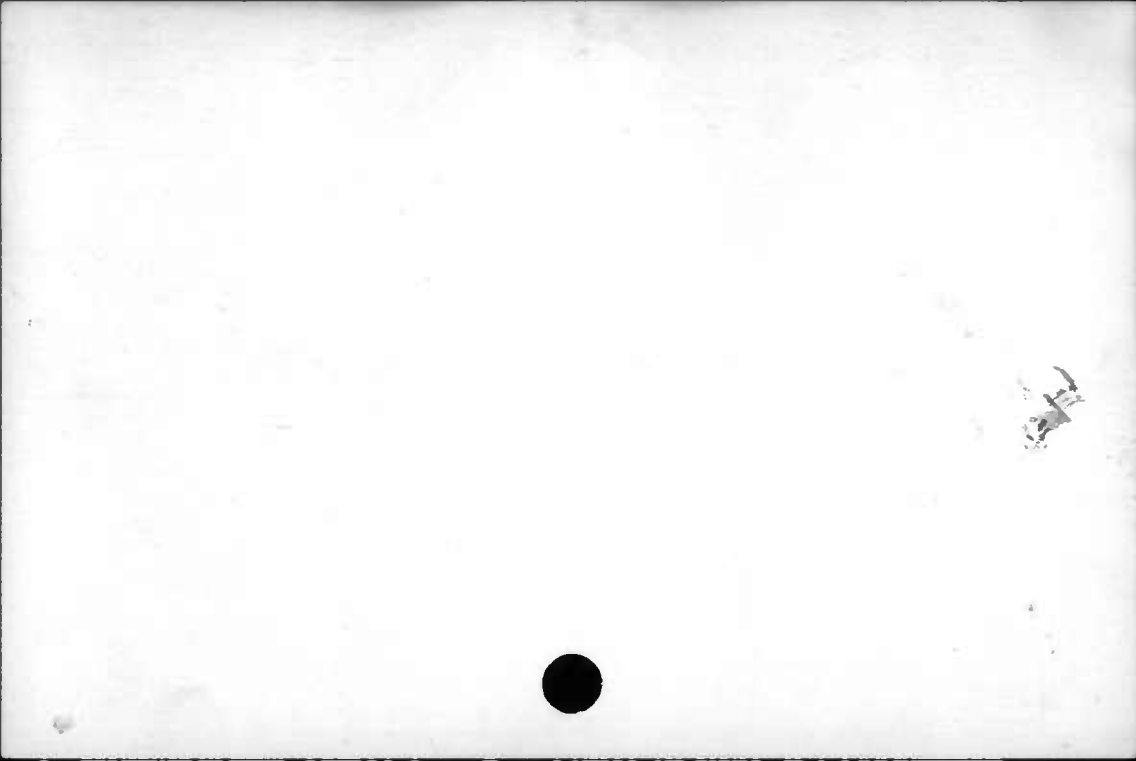
Address

Sykesville Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Emma, L. Black* Town *Manchester* County *Carroll*

Died at *Manchester*

Date of death *1908 Aug. 25* Age *7* Years *5* Months *7* Days *5*

Sex *Female* Color or Race *white* Birth-place *Manchester*

Where Residing if not at place of death *2*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

Primary

How long

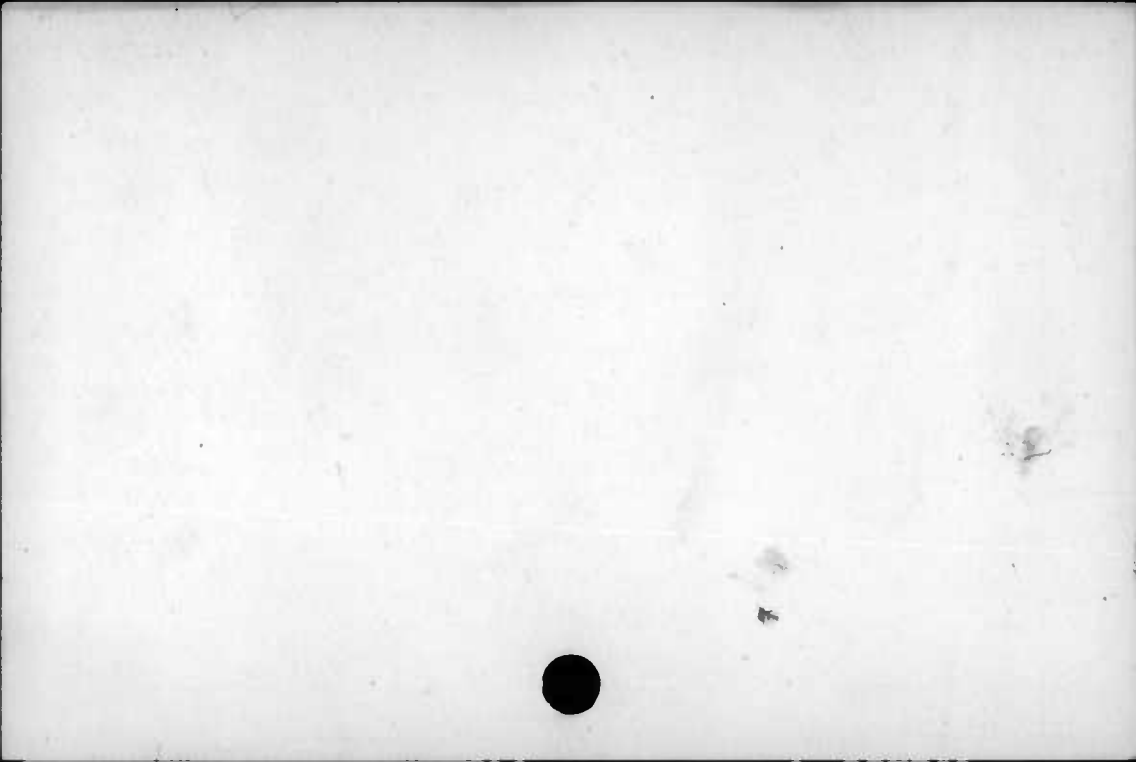
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Myrtle Browne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

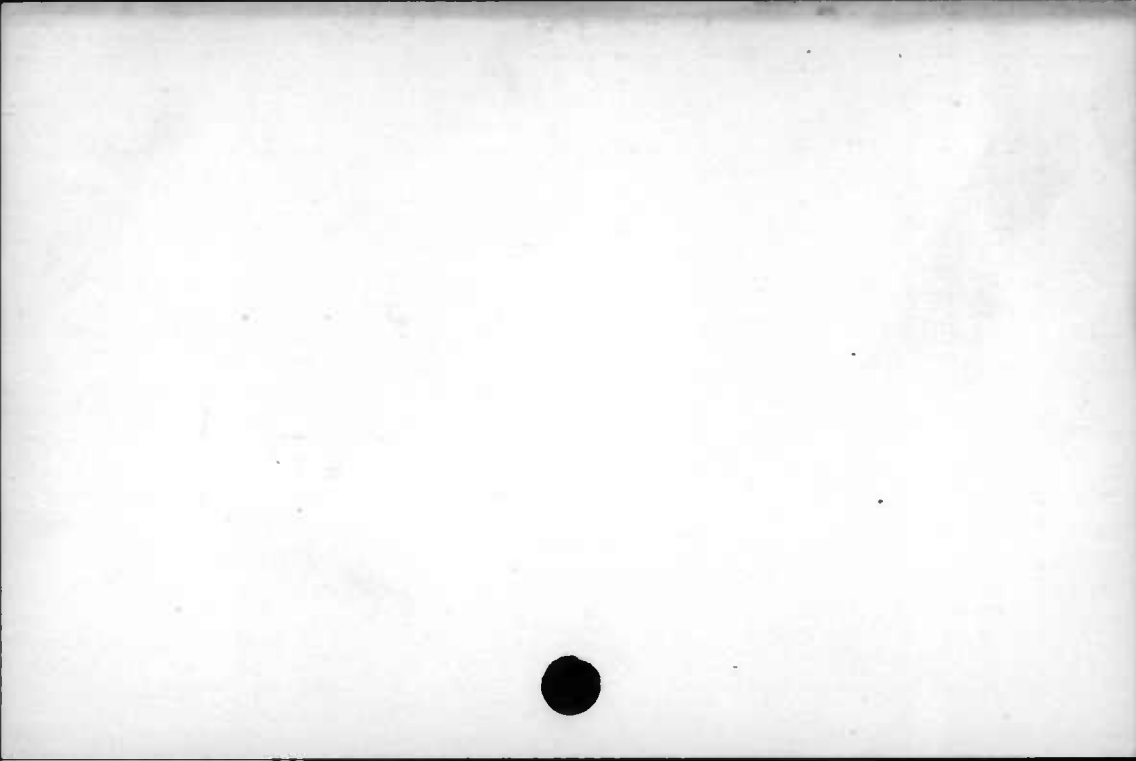
Died at <i>Int. River</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>2.</i>	Age	Years	Months <i>2 months</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>		Days
Occupation <i>—</i>		Where Residing if not at place of death <i>Baltimore.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Philip Browne</i>			Father's Birthplace <i>Richmond Va</i>		
Mother's Maiden Name <i>Effie Browne</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Effie Browne</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>marasmus</i>	How long	<i>About two months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. E. Garner</i>	
		Address <i>Int. River Md</i>	
Accident or Suicide?			



Name
in
Full

Clara Virginia Caylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Uniontown ^{Town} Carroll ^{County} MARYLAND

Date of death 1908 ^{Month} Aug. ^{Day} 3 ^{Years} 35 ^{Months} 6 ^{Days} 18

Sex Female Color or Race White Birth-place Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband E. D. Caylor

Father's Name John Cox Wright Father's Birthplace Md.

Mother's Maiden Name Elizabeth Myers Mother's Birthplace Md.

Name of person giving Information Alice Belle Rinehart How related to deceased Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} Three years +

Immediate General asthenia ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Legg

Address Union Bridge, Md.

Accident or Suicide no

Buried in Hill
Cemetery.

Winchester

and

Name
in
Full

William St Cooker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

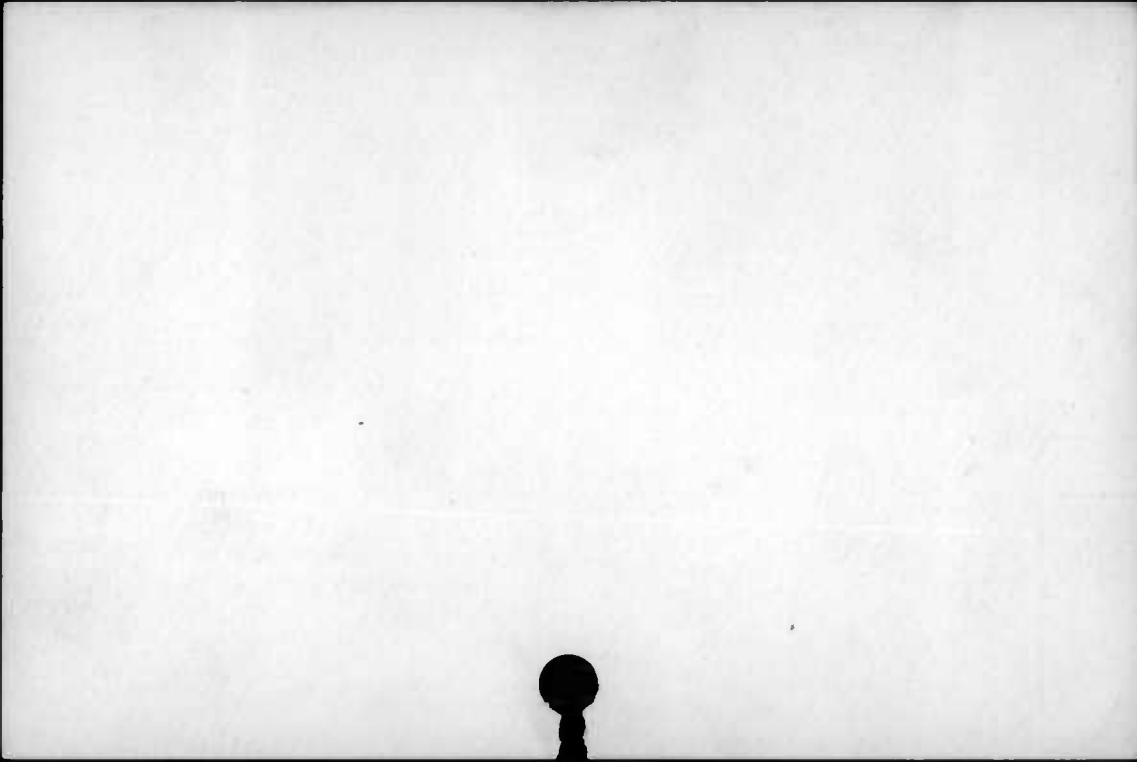
Died at <i>near Staunpsbad</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>39</i>	Months <i>11</i>	Days <i>25</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Snidersburg</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Snidersburg</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bora E Cooker</i>				
Father's Name <i>John A Coker</i>	Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name <i>Caroline Leagle</i>	Mother's Birthplace <i>Carroll Co</i>				
Name of person giving information <i>John A Coker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary <i>Chronic Parivostitis</i>	How long <i>Six Months</i>
Immediate <i>General Debility</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A Coker</i>
	Address <i>Snidersburg</i>
Accident or Suicide? <i>X</i>	<i>yes</i>



Name
in
Full

Mary Deeklema

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hospital - Carroll* Town CountyDate of death *1908* Month *August* Day *12* Age *48* Years Months DaysSex *Female* Color or Race *White* Birth-place *Ind.*Occupation *Tailoress* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Hospital records* How related to deceased *None*

CAUSES OF DEATH

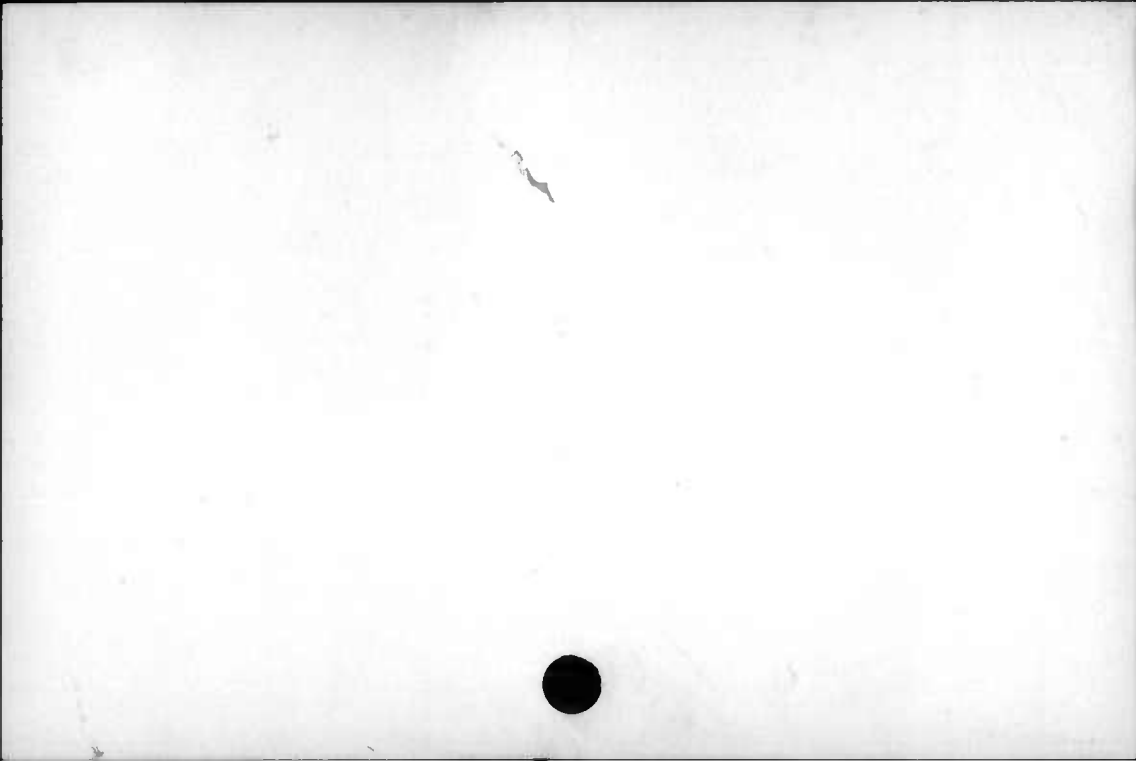
67
How longPrimary *General Paresis* How long *6 yrs.*
Immediate *Exhaustion* How long *4 weeks*Are the name, age, sex, color, date and place correctly given above? *To best*

Signature of Physician

W. Henry Fisher M.D.

Address

Sykesville
*Ind.*Accident or Suicide? *No.*



Name
in
Full

no 38/

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

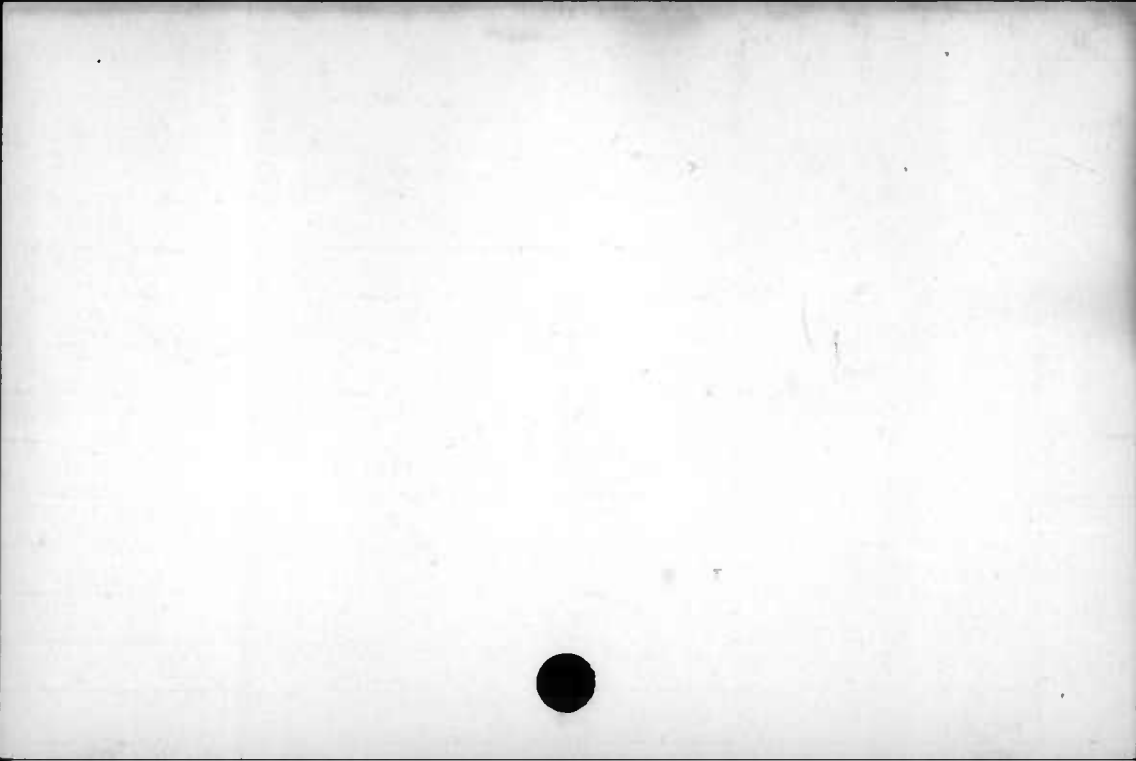
Died at <i>Wilmington</i> Town		<i>Barroll</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>aug</i> Day	<i>21</i> Age	<i>5</i> Years	Months Days
Sex	<i>Female</i>	Color or Race	<i>balnd</i>	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Fessie Doran</i>			
Father's Name		<i>Singleton Doran</i>		Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name		<i>Fessie Spriggs</i>		Mother's Birthplace	<i>"</i>
Name of person giving information		<i>Singleton Doran</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Miraculous</i>	How long	<i>Saw it once</i>
Immediate	<i>11</i>	How long	<i>Saw it once</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>L. A. Shipley, M.D.</i>	
		Address	
		<i>Wilmington Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

8

11

Age

Carroll County

8

29

Sex

male

Color or
Race

negro

Birth-
place

Carroll County

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm Duffin

Father's
Birthplace

Frederick Co.

Mother's
Maiden Name

Mary Black

Mother's
Birthplace

Carroll Co.

Name of person giving
In formation

Wm Duffin

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Ligg M.D.

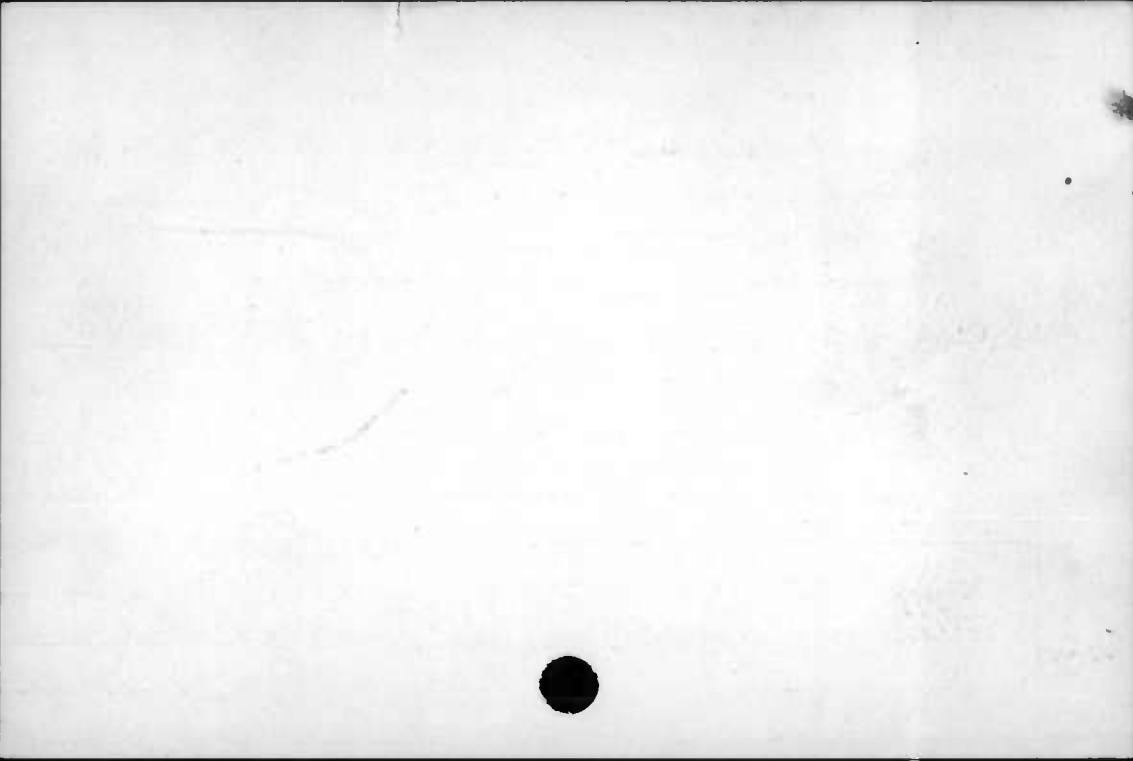
Address

Winchester Bridge
Carroll County

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Anna Louise Dupperis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Luiwood Town Carroll County MARYLAND

Date of death 1908 Month Aug Day 7 Age — Years 8 Months 6 Days

Sex Female Color or Race Black Birth-place Luiwood

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —Father's Name William DupperisFather's Birthplace Frederick CoMother's Maiden Name Sarah May BlackMother's Birthplace Carroll coName of person giving Information William DupperisHow related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Dis. colitis (acute) How long month +

Immediate Spasm How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

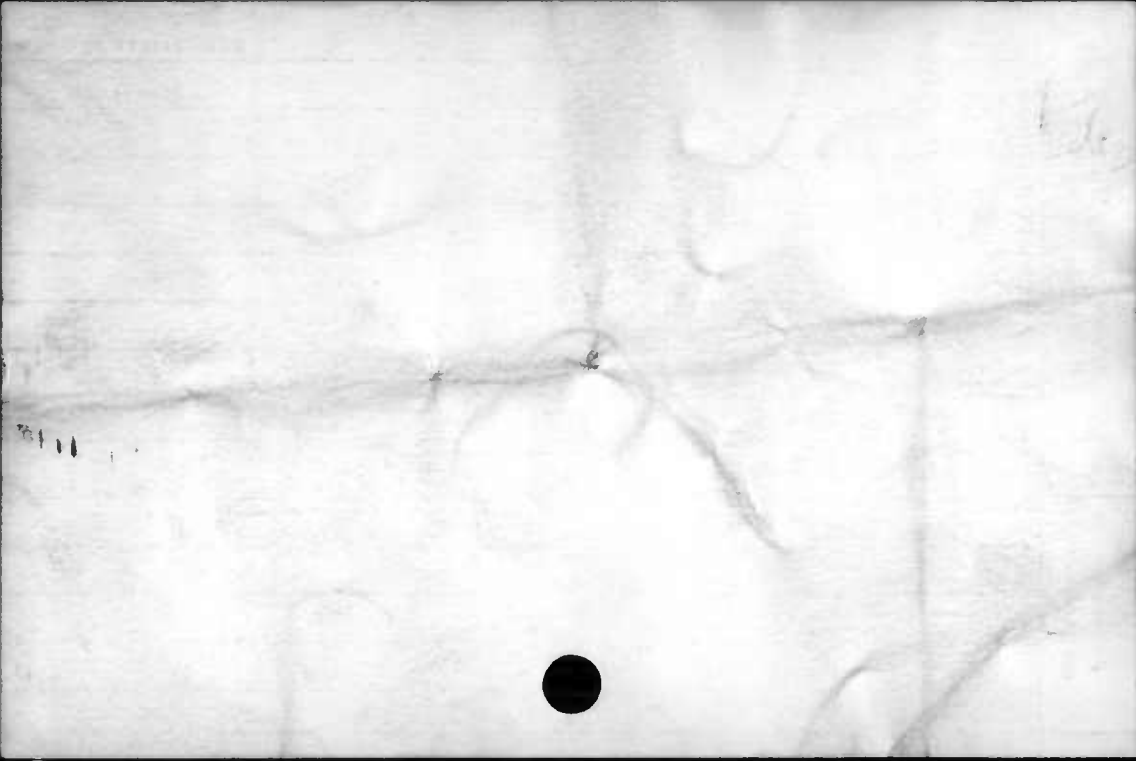
J. H. Lagg

Address

Union Bridge, Md

Accident or Suicide

No.



Name
in
Full

CERTIFICATE OF DEATH

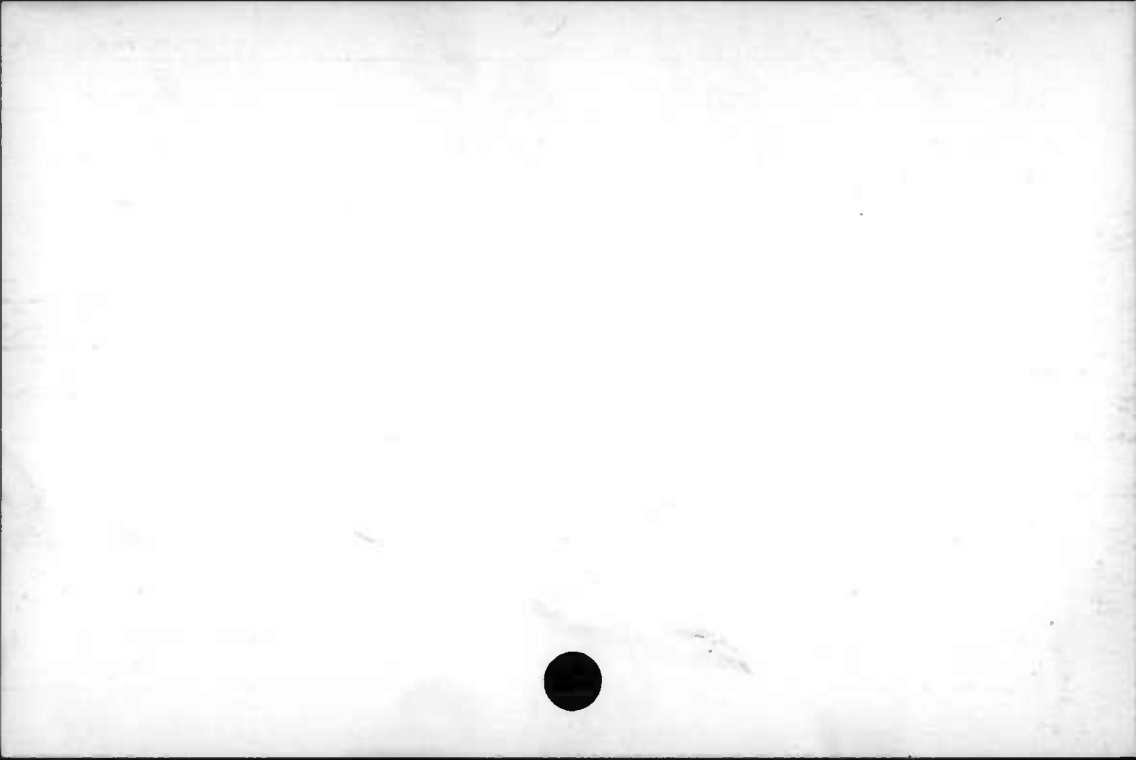
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Run</u> Town <u>Garroll</u> County		MARYLAND	
Date of death <u>1908</u> Aug <u>20</u>	Age <u>18</u> Years	Months <u>14</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Silver Run Ind.</u>	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <u>Allen Duttera</u>	Father's Birthplace <u>Silver Run Ind.</u>		
Mother's Maiden Name <u>Ada Bowersox</u>	Mother's Birthplace <u>Silver Run Ind.</u>		
Name of person giving Information <u>Allen Duttera</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera infantum</u>	How long <u>2 days</u>
Immediate <u>convulsions</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. Lewis Wetzel M.D.</u>
	Address <u>Union Mills Ind.</u>
Accident or Suicide	



Name
in
Full

Luke Chilcoat Eisor

CERTIFICATE OF DEATH

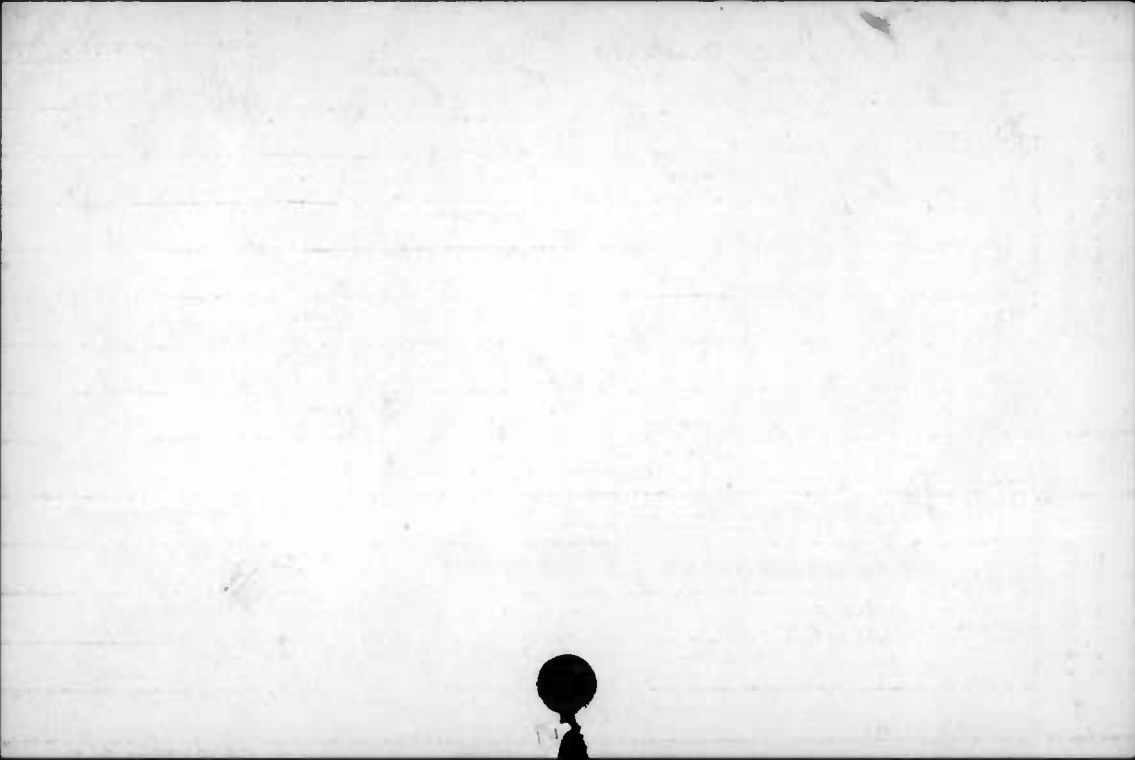
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>August</i>	Day <i>31</i>	Age <i>83</i> Years	Months <i>6</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. County</i>		
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>New Windsor Md.</i>				
Married, Single <i>or Widowed</i>	Name of Wife or Husband <i>Artridge Eisor</i>				
Father's Name <i>John B. Eisor</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Delilah Chilcoat</i>	Mother's Birthplace <i>Balt County</i>				
Name of person giving information <i>Mrs. J. Edgar Barnes</i>	How related to deceased <i>Daughter</i>				

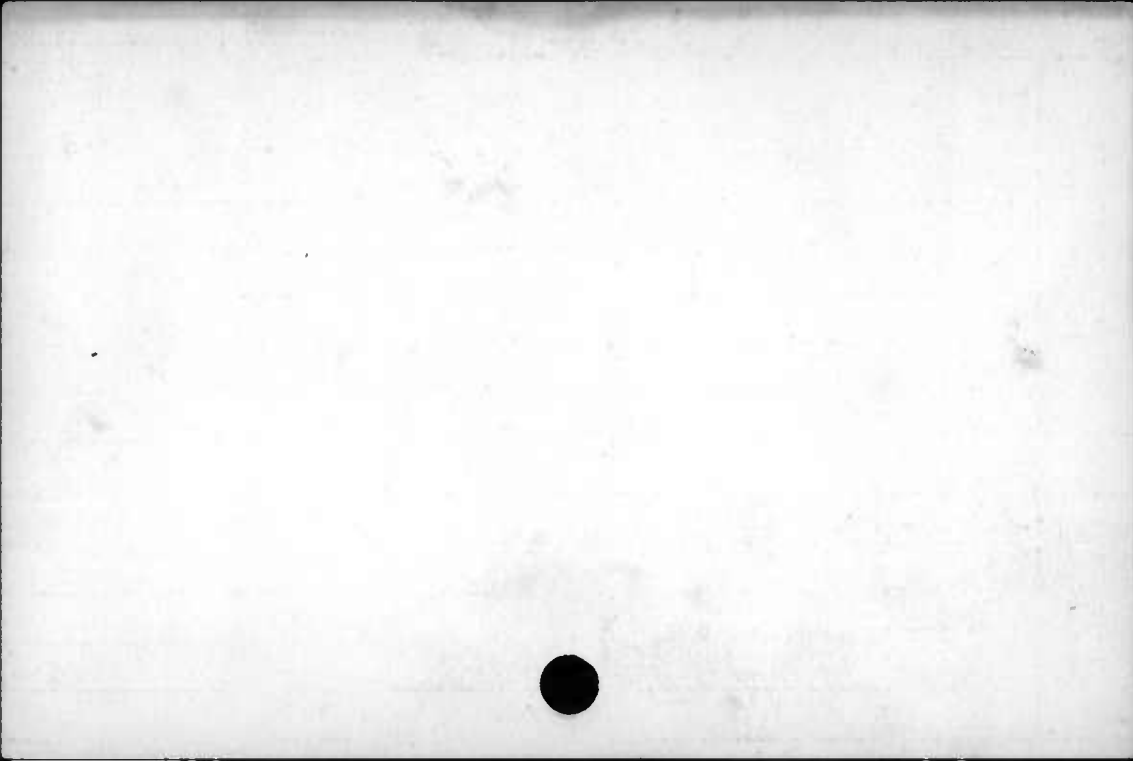
CAUSES OF DEATH

154
How longPHYSICIAN
OR CORONER

Primary <i>Infirmities of Age</i>	How long
Immediate <i>Cardiac Dyspnea</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Dr. Ira E. Whitehill</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name in Full		Emma L. Fissel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Uniontown		County		Maryland		
	Date of death	1908	Month	Aug	Day	21	Age	47
	Sex	Female		Color or Race	W	Birth-place	md	
	Occupation	House Wife		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Jesse Eckard				Father's Birthplace	md	
	Mother's Maiden Name	Angeline Dittenbrough				Mother's Birthplace	md	
Name of person giving information	M. R. Myerley				How related to deceased	Sister		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">68</div> </div>								
PHYSICIAN OR CORONER	Primary	Nervasthenia				How long	20 years	
	Immediate	Melancholia Ottonita				How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Charles E. Hoop	
	Address					Uniontown md		
Accident or Suicide?								



Name
in
Full

Mrs Anna Louise Northman

CERTIFICATE OF DEATH

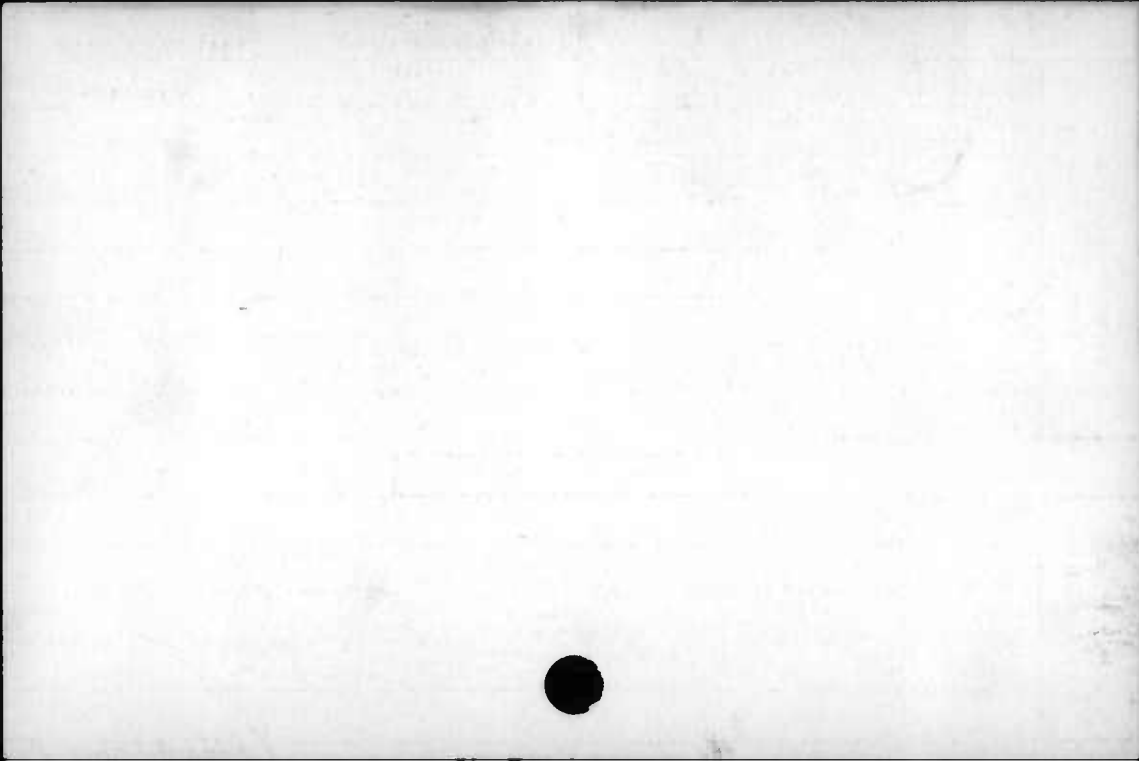
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	Age	<u>44</u> <small>Years</small>	<u>1</u> <small>Months</small> <u>14</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Carroll Co. Md</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Alfred A. Northman</u>		
Father's Name	<u>John M. Berry</u>			Father's Birthplace	<u>England</u>
Mother's Maiden Name	<u>Charlotte Hayworth</u>			Mother's Birthplace	<u>Howard Co. Md.</u>
Name of person giving information	<u>Alfred A. Northman</u>			How related to deceased	<u>Husband</u>

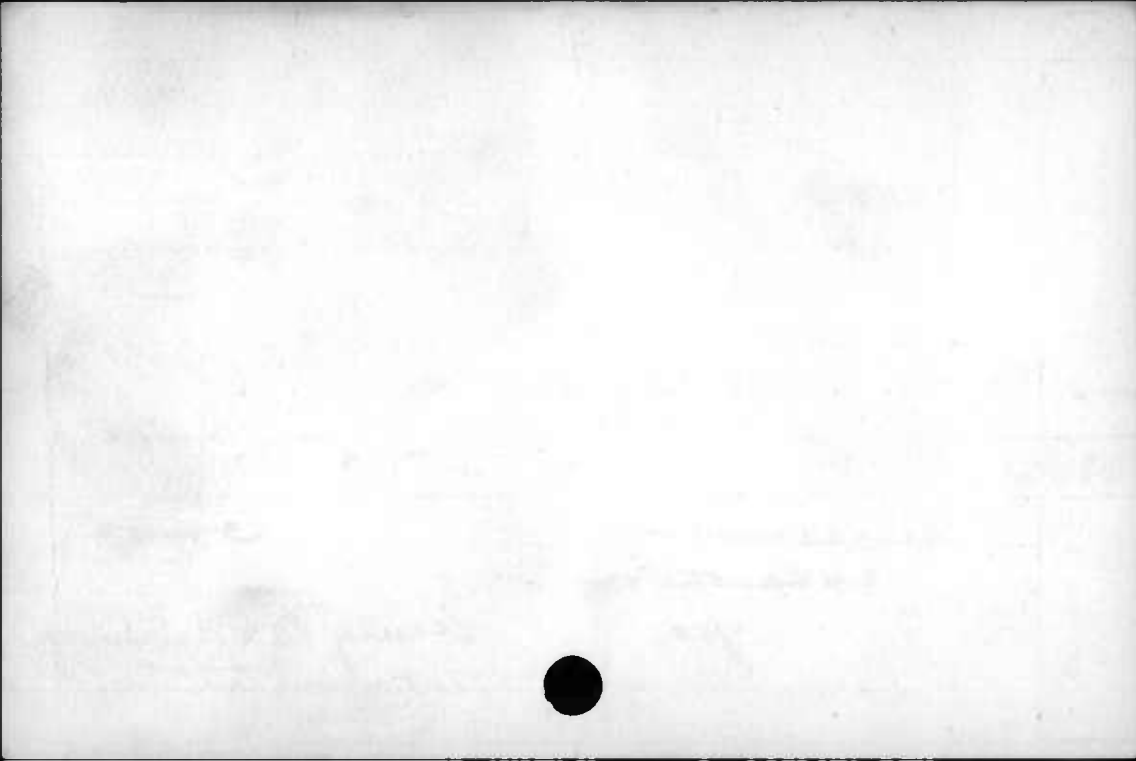
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever Complic by Pneumonia</u>	How long	<u>15 days</u>
Immediate	<u>Failure of Heart</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>		Signature of Physician	<u>Samuel B. Frechen</u>
		Address	<u>Sykesville</u>
Accident or Suicide? <u>—</u>			<u>Md.</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Sykesville</i> Town		County <i>Carroll</i>	
		Date of death <i>1908 Aug 28</i>		Age <i>53</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Tailor</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rose E. Ganel</i>	
		Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>	
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>	
		Name of person giving information <i>Hospital records</i>		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Alcoholic Dementia</i>		How long <i>Unknown</i>		
	Immediate <i>Catarhal Dysentery</i>		How long <i>3 days.</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Clark</i>		
			Address <i>Sykesville Md.</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Granofsky

Died at *Hampstead* ^{Town} *Carroll* County

State *MARYLAND*

Date of death *1908* Month *Aug* Day *13* Age *One* Years Months *one* Days *-*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *none* Where Residing if not at place of death *Hampstead*

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *Peter Granofsky* Father's Birthplace *Hungary*

Mother's Maiden Name *Elis Wiener* Mother's Birthplace *Hungary*

Name of person giving information *Elis Wiener* How related to deceased *son*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Nothing* How long *4 days*

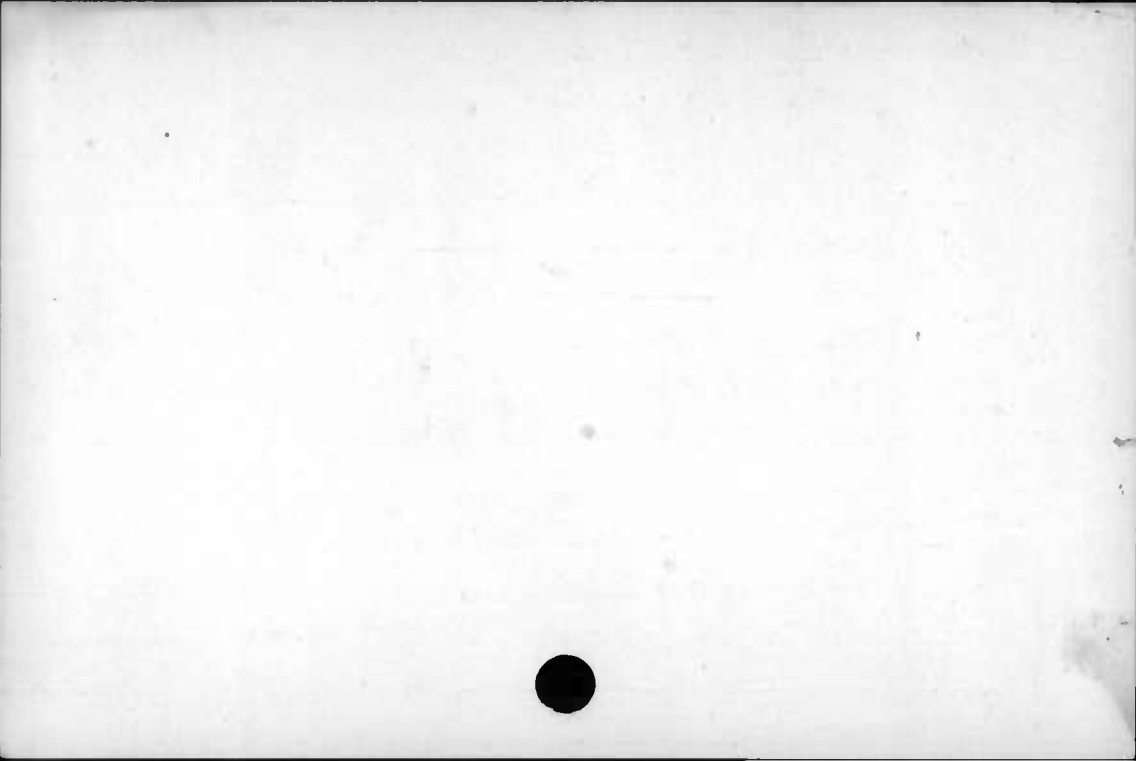
Immediate *Cholera Infantum* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. B. Wells*

Address *Hampstead Md*

Accident or Suicide?



Name
in
Full

Gilbert Fitzburgh Green

376

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patahisco</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>6</i>
Sex <i>Male</i>		Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Marion Green</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name		<i>Carrie Reese</i>		Mother's Birthplace <i>Idaho</i>	
Name of person giving information		<i>Marion Green</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Henry M. Fitzburgh</i>	
		Address	
		<i>Westminster</i>	
Accident or Suicide?			

Bethel Church Canolton
Haver

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rogue Boyle Brown Hill

Died at Union Bridge Carroll County

MARYLAND

Date of death 1908 Aug 20 Age 64 Months — Days —

Sex Male Color or Race Black Birth-place MarylandOccupation Farm hand Where Residing if not at place of death Union~~Married~~ Single
or WidowedName of Wife or
HusbandFather's Name Weldon HillFather's Birthplace MarylandMother's Maiden Name Carloline BrownMother's Birthplace MarylandName of person giving information Walter BlackHow related to deceased Step Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

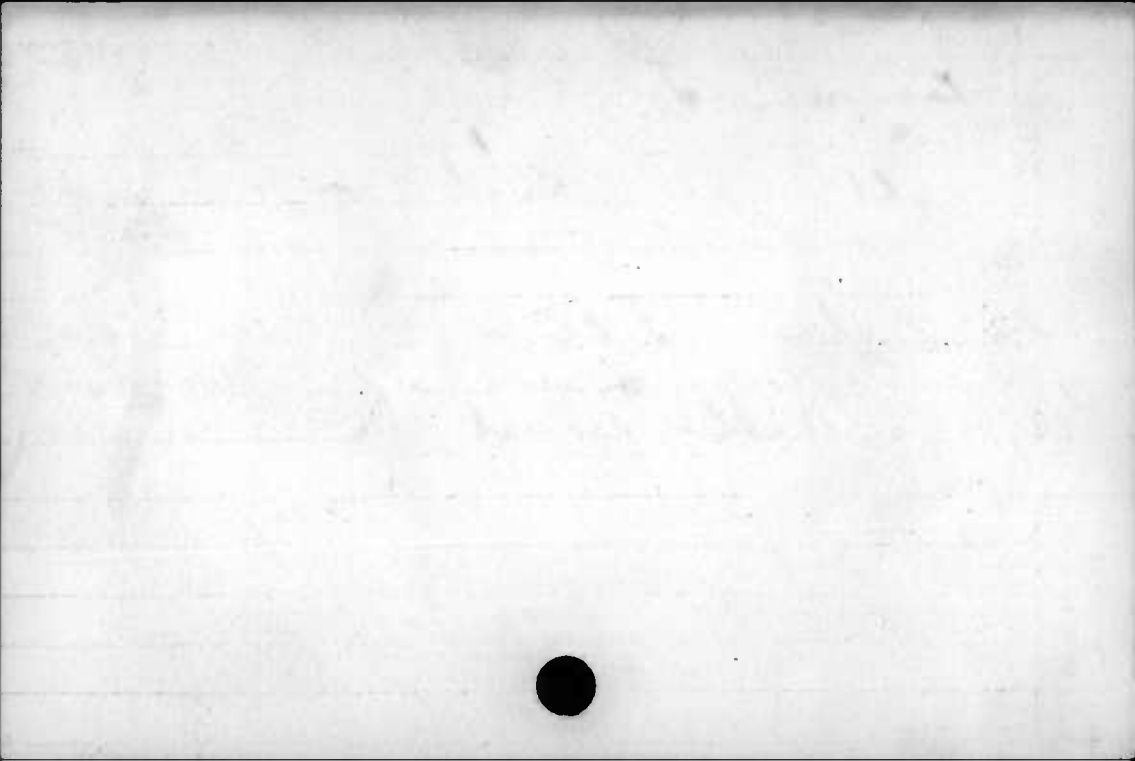
yes

Signature of Physician

Address

Accident or Suicide?

W. H. Brown
Heach Office
for District No 11
West Windsor



Name
in
Full

Clarend O. Hook

382

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	Aug	Day	26
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Birth-place	Maryland				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	James W Hook			Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth A. Beaver			Mother's Birthplace	Id
Name of person giving information	Carroll E. Hook			How related to deceased	Brother

CAUSES OF DEATH

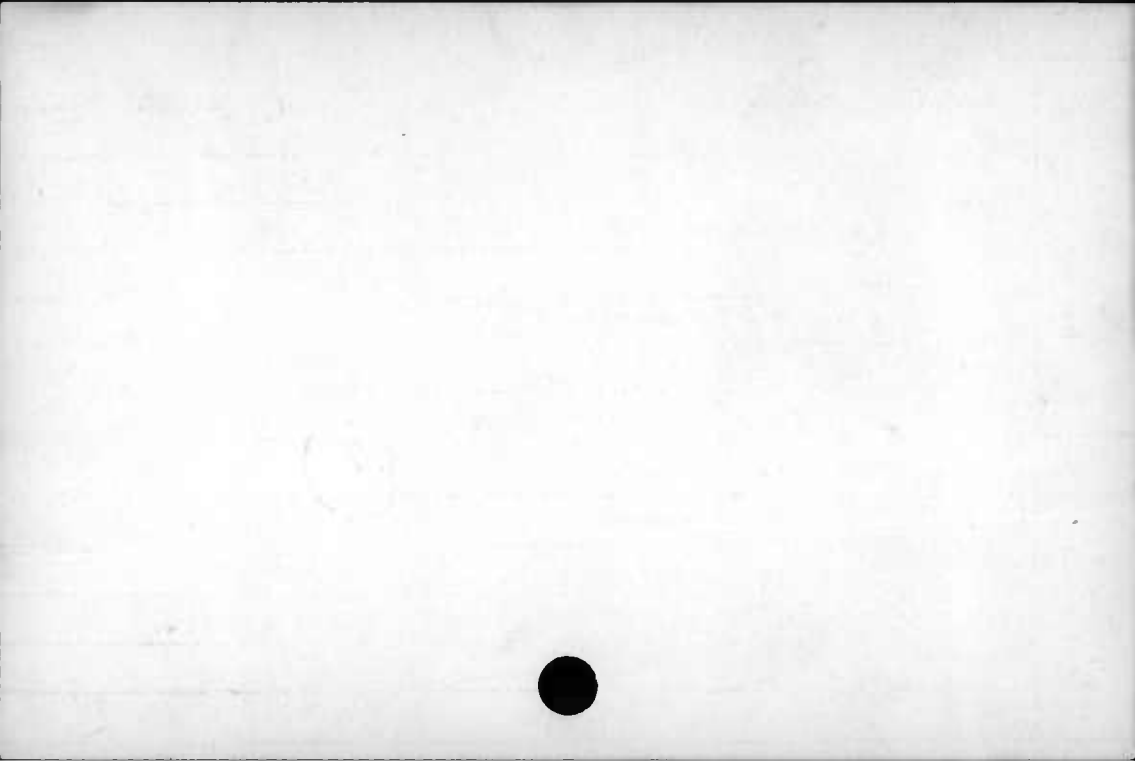
179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>6 mks</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. M. Sullivan</i>
		Address	<i>146 E. Main St</i>
Accident or Suicide?			<i>Westminster</i>

Deer Park

Name in Full		John F. Houck				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Taneytown		County		Carroll							
	Date of death		1908	Month	8	Day	21	Age	Years	1	Months	6	Days
	Sex	Male		Color or Race	White		Birth-place	Taneytown Ind					
	Occupation	Iron		Where Residing if not at place of death									
	Married, Single or Widowed	Single		Name of Wife or Husband									
	Father's Name	Jeremiah F Houck					Father's Birthplace	Adams Co Pa					
	Mother's Maiden Name	Marie S Adams					Mother's Birthplace	Ind Co Ind					
Name of person giving information	John F Houck					How related to deceased	Father						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">8</div>													
PHYSICIAN OR CORONER	Primary	Whooping Cough					How long	2 weeks					
	Immediate	Bronchitis Pneumonia					How long	24 hours					
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	C. M. Benner M.D.					
	Address						Taneytown Md.						
Accident or Suicide?													



Name
in
FullGeorge Herbert Jenkins
Town Daniel County Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1908

Month

aug

Day

22

Age

Years

24

Months

3

Days

27

Sex

male

Color or
Race

White

Birth-
place

Daniel

Occupation

Carpenter

Where Residing if not
at place of death

Daniel

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Geo W Jenkins

Father's
Birthplace

Daniel

Mother's
Maiden Name

Frederickson

Mother's
Birthplace

Daniel

Name of person giving
Information

Geo W Jenkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Perforation with Hemorrhage

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

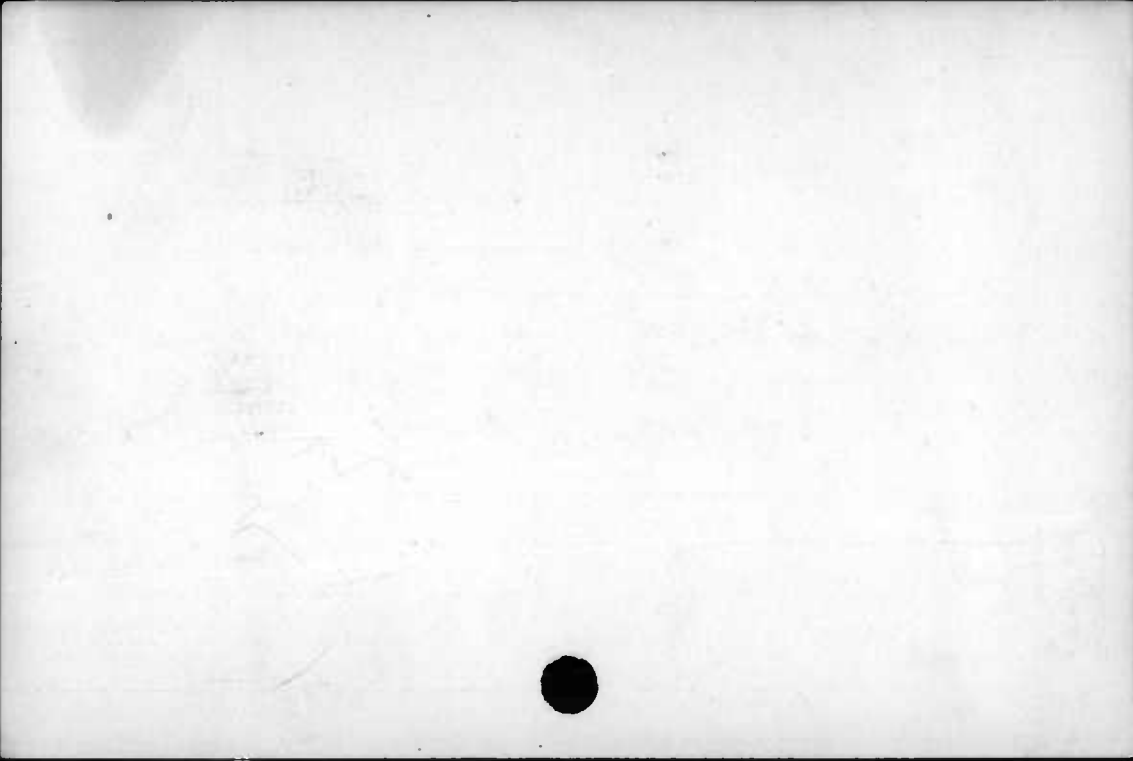
E D Cronk

Address

Winfield
Carroll Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Edward Augustus Jones

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Oakland Mills^{County} Carroll

Date of death 1908 aug

Month

Day

Age

Years

Months

Days

25

49

Sex

male

Color or
Race

white

Birth-
place

Baltimore Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Emanda E Jones

Father's
Name

Abraham Jones

Father's
Birthplace

Unknown

Mother's
Maiden Name

Catherine Shepley

Mother's
Birthplace

Unknown

Name of person giving
Information

Emanda E Jones

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Cardiac As. Thromb.

How long

24 hr

Immediate

Mitral Stenosis

How long

2 yrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

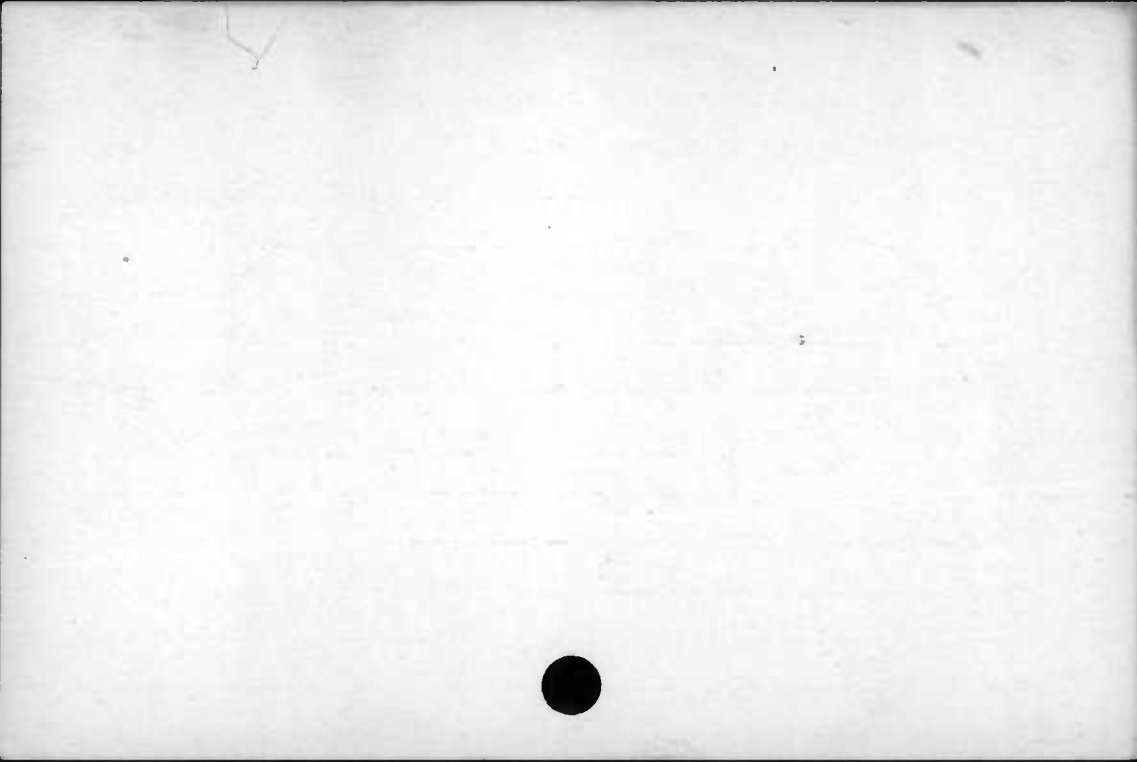
Dr. Buppert

Address

Roslyn
Baltimore Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Anne Laux

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

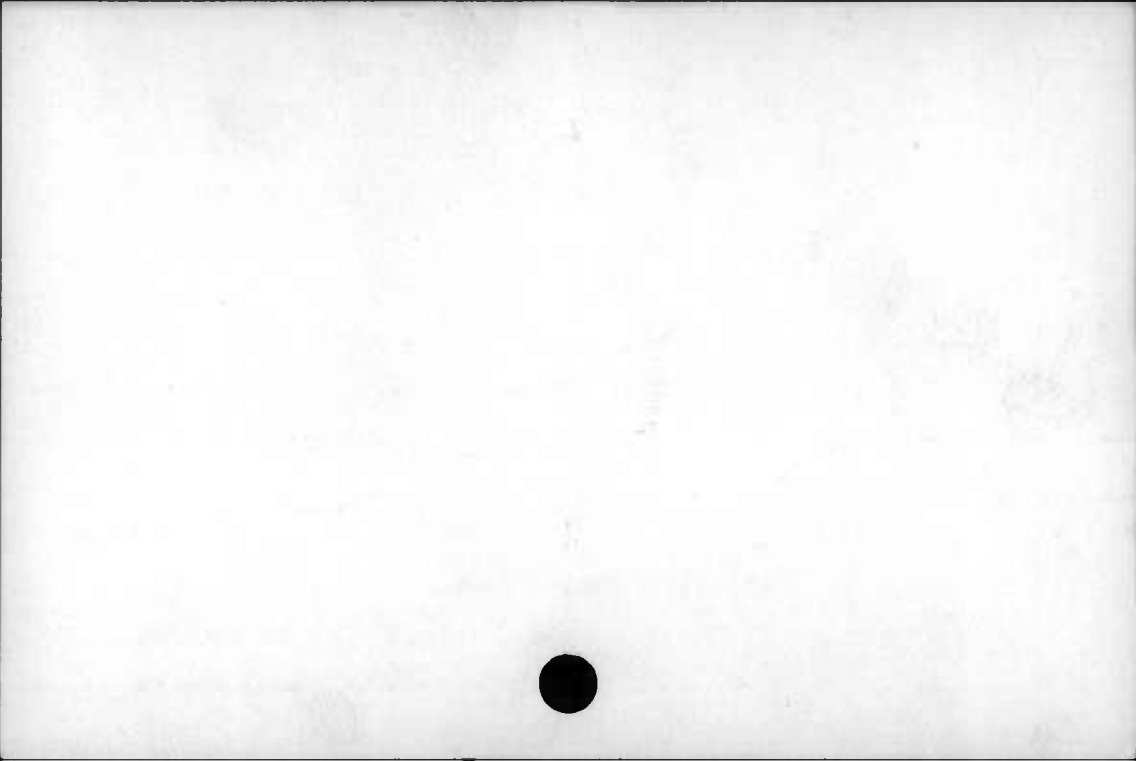
Died at <i>Dyersville</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908 August</i>	Month <i>August</i>	Day <i>4th</i>	Age <i>47</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown (Laux)</i>				
Father's Name <i>John F. Heck</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Louisa Rippman</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Marie Hamberger</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>over Four months</i>
Immediate <i>Cardiac Syncope</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital Dyersville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Andrew G. McKinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

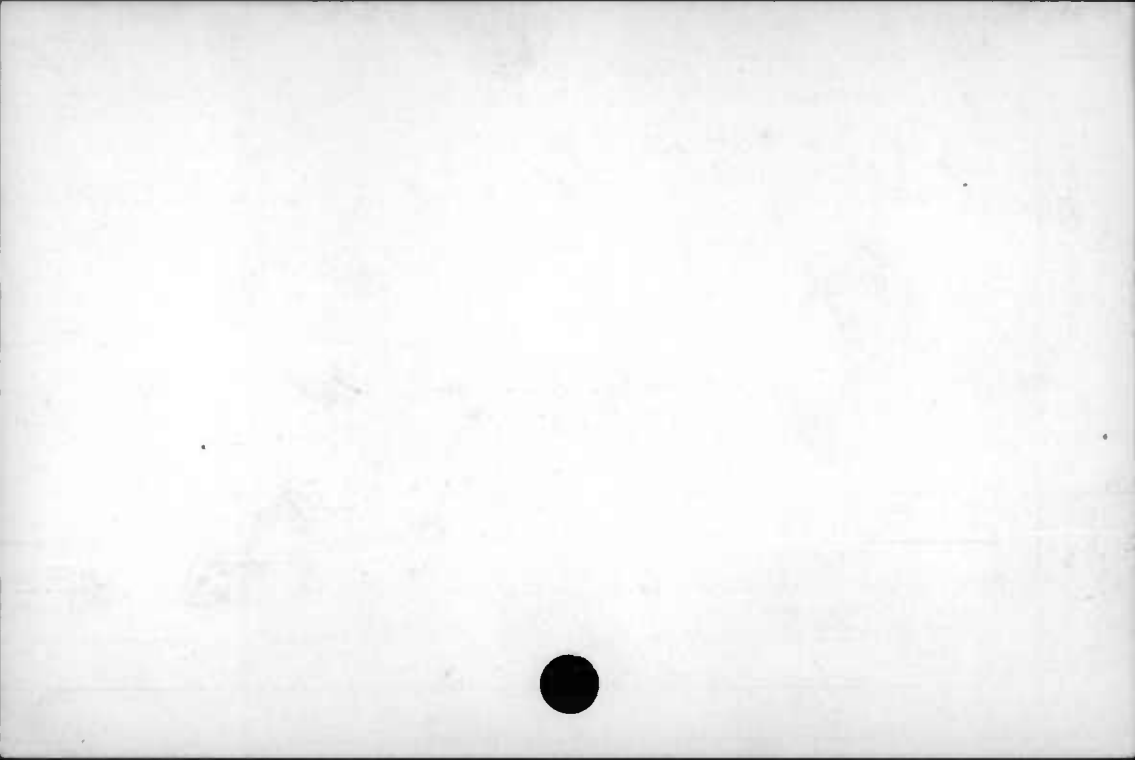
Died at <u>Taneytown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month}	<u>8</u> ^{Day}	Age <u>14</u> ^{Years}	<u>5</u> ^{Months}	<u>24</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Taneytown Ind</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
Married , Single <u>Single</u>	Name of Wife or Husband				
Father's Name	<u>Robert S. McKinney</u>			Father's Birthplace	<u>Carroll Co Ind</u>
Mother's Maiden Name	<u>Maggie B East</u>			Mother's Birthplace	<u>" " "</u>
Name of person giving information	<u>R. S. McKinney</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<u>Transverse Myelitis</u>	How long	<u>8 days</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>LeBirn</u>
<u>Yes</u>		Address	<u>Taneytown Ind</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

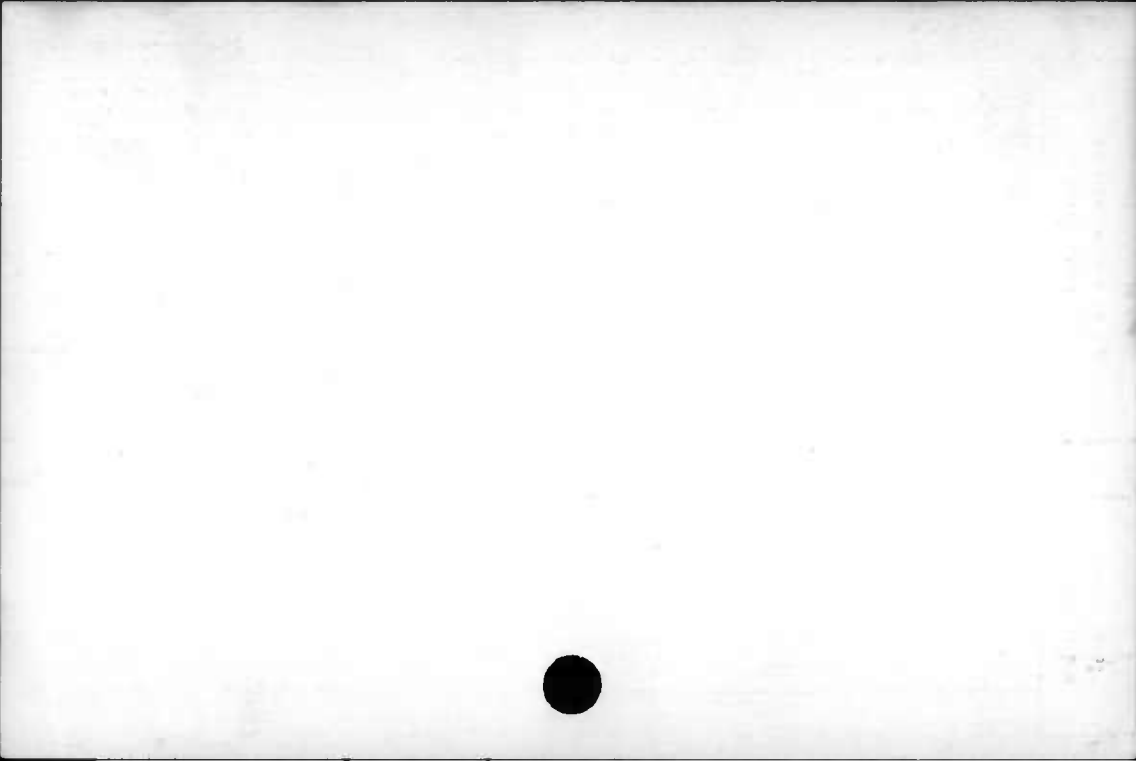
Died at <u>Linnwood</u>		Town <u>Milberry</u>		County <u>Cannoll</u>		MARYLAND	
Date of death	1908	Month	Aug.	Day	27	Age	one
Sex	Female		Color or Race	Black		Birth-place	Linnwood
Occupation				Where Residing if not at place of death <u>Linnwood</u>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<u>George Milberry</u>					Father's Birthplace	<u>Cannoll Co. Md</u>
Mother's Maiden Name	<u>Hill</u>					Mother's Birthplace	<u>Cannoll Co. Md</u>
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

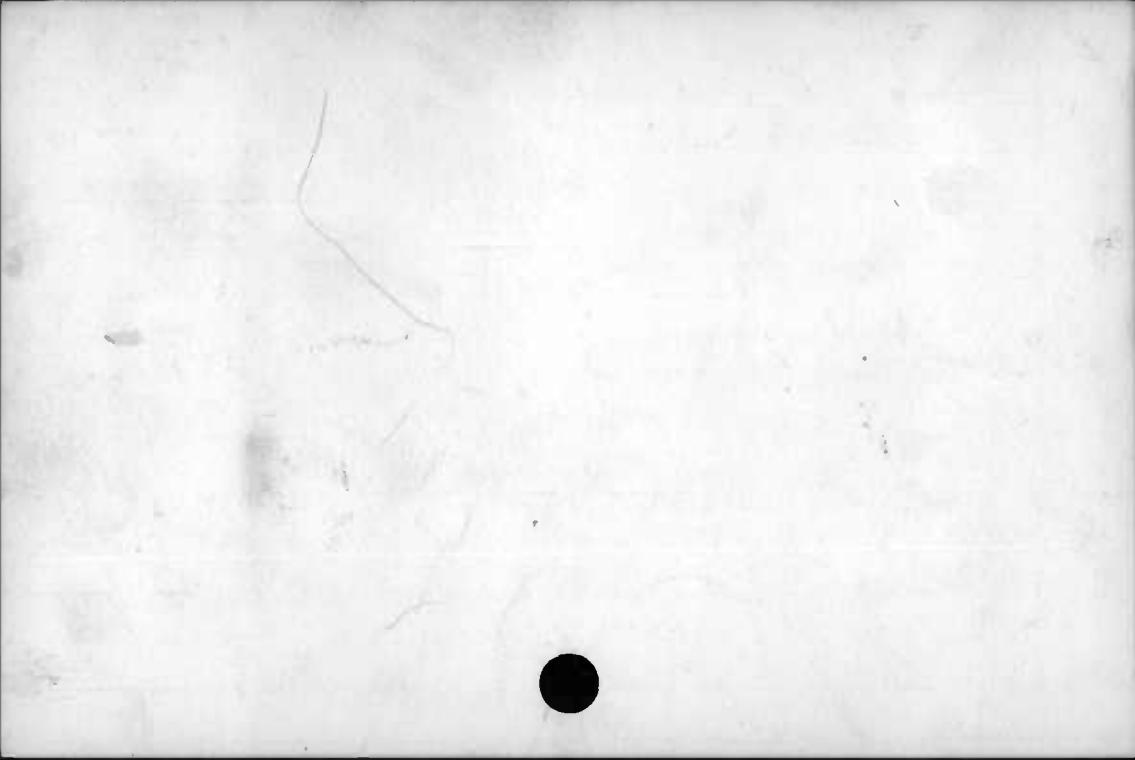
105

PHYSICIAN
OR CORONER

Primary	<u>Acute Ileo Colitis</u>	How long	<u>6 days +</u>
Immediate	<u>Cardiac Asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. H. Hegg</u>	
Address		<u>Union Bridge Md</u>	
Accident or Suicide		<u>no</u>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Haigh's</i>				<i>Carroll</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>11</i>	Age <i>-</i>	Years <i>-</i>	Months <i>1</i>	Days <i>21</i>		
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>					
		Occupation <i>none</i>				Where Residing if not at place of death <i>same</i>					
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>-</i>							
		Father's Name <i>alfred morrin</i>				Father's Birthplace <i>Wash. Co. Md.</i>					
		Mother's Maiden Name <i>abbie B. Palmer</i>				Mother's Birthplace <i>Penn.</i>					
		Name of person giving information <i>alfred morrin</i>				How related to deceased <i>Father</i>					
		CAUSES OF DEATH						<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">105</div>			
PHYSICIAN OR CORONER		Primary <i>Enteritis</i>						How long <i>1 week</i>			
		Immediate						How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>M. D. Morris</i>		Address <i>Eldersburg Md.</i>			
		Accident or Suicide?									



Name
in
Full

Harry Clifton Myers

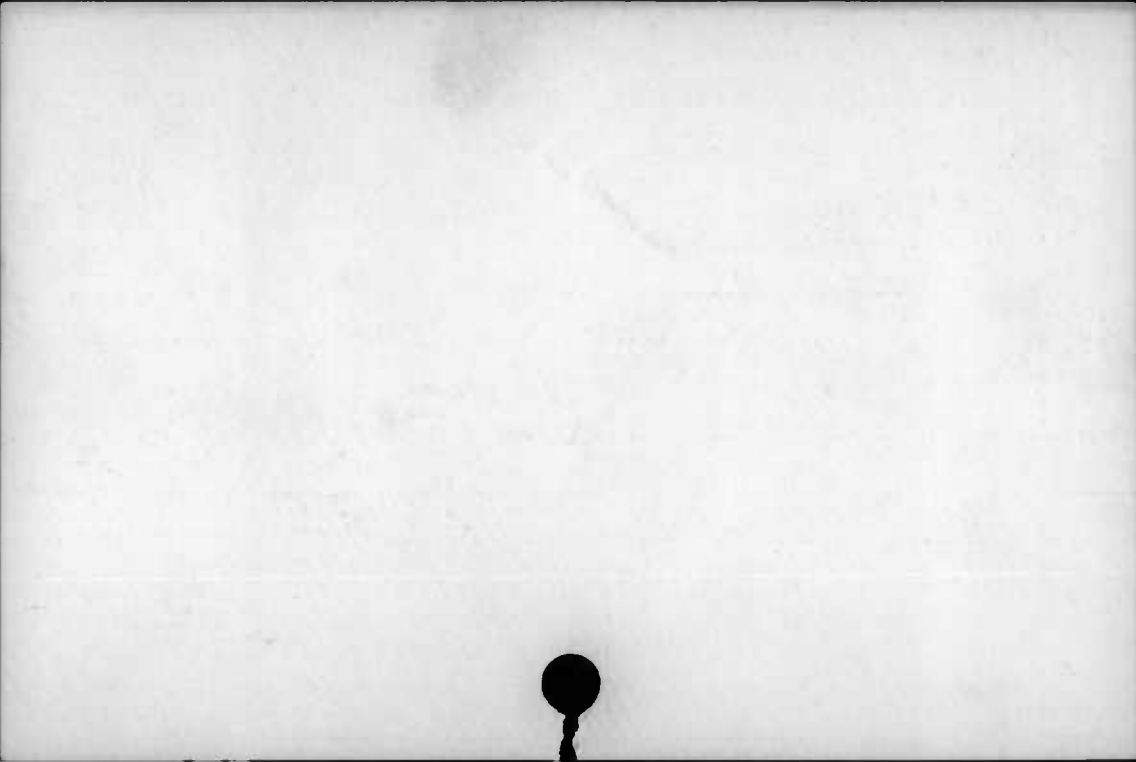
CERTIFICATE OF DEATH

Died at		Town Manchester		County Carroll		MARYLAND	
Date of death		Month 1908	Day August	Years 22	Months 5	Days 22	
Sex Male		Color or Race White		Birth-place Manchester			
Occupation Cigar Maker		Where Residing if not at place of death Manchester					
Married, Single or Widowed Married		Name of Wife or Husband Lizzie Pearl Price					
Father's Name John Myers		Father's Birthplace Manchester					
Mother's Maiden Name Amanda Stump		Mother's Birthplace Manchester					
Name of person giving information Lizzie Myers		How related to deceased Wife					

CAUSES OF DEATH

175

PHYSICIAN OR CORONER	Primary	nicotine poisoning	How long	all year
	Immediate	convulsions	How long	all week
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Address		H. Preston M. C.	
Accident or Suicide?		Manchester Md		



Name
in
Full

Charles Faunmann

CERTIFICATE OF DEATH

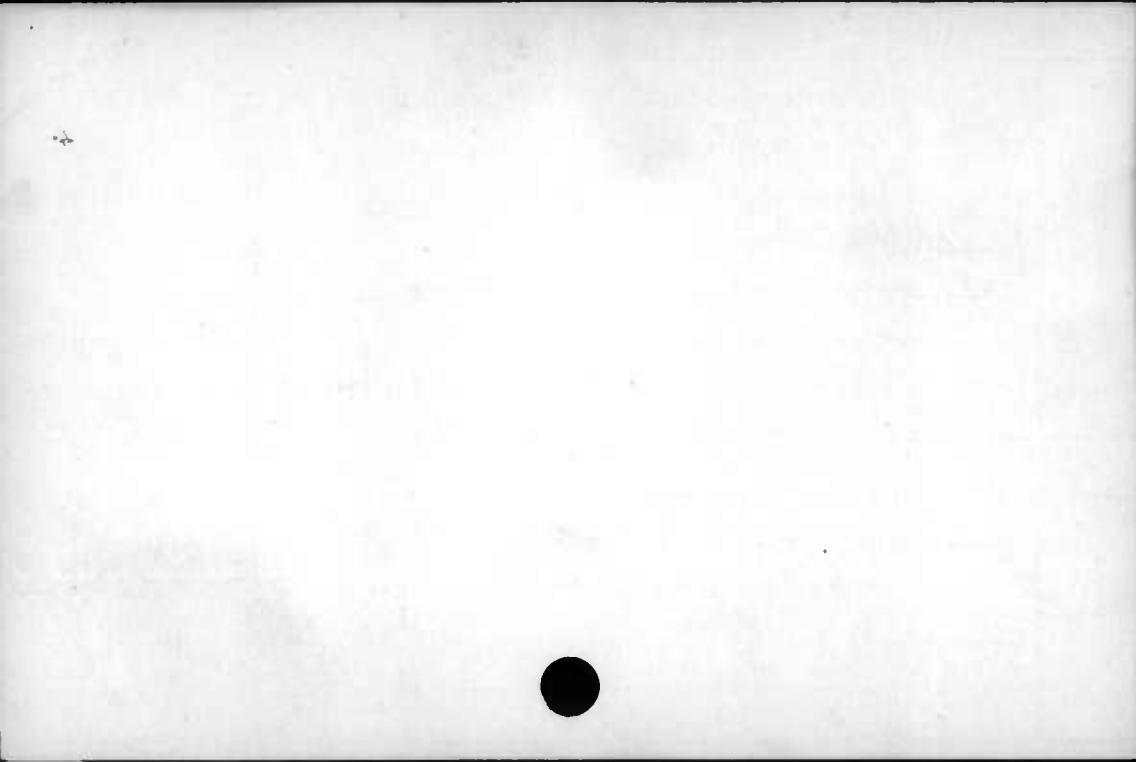
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>Aug</i>		Day <i>18</i>		Age <i>34</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>			
Occupation <i>Shoemaker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Faunmann</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary E. Strick</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>Hosp. records</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paranoia</i>	How long	<i>2 yrs.</i>
Immediate	<i>Typhoid fever</i>	How long	<i>27 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. C. Clark</i>	
Address		<i>Sykesville Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

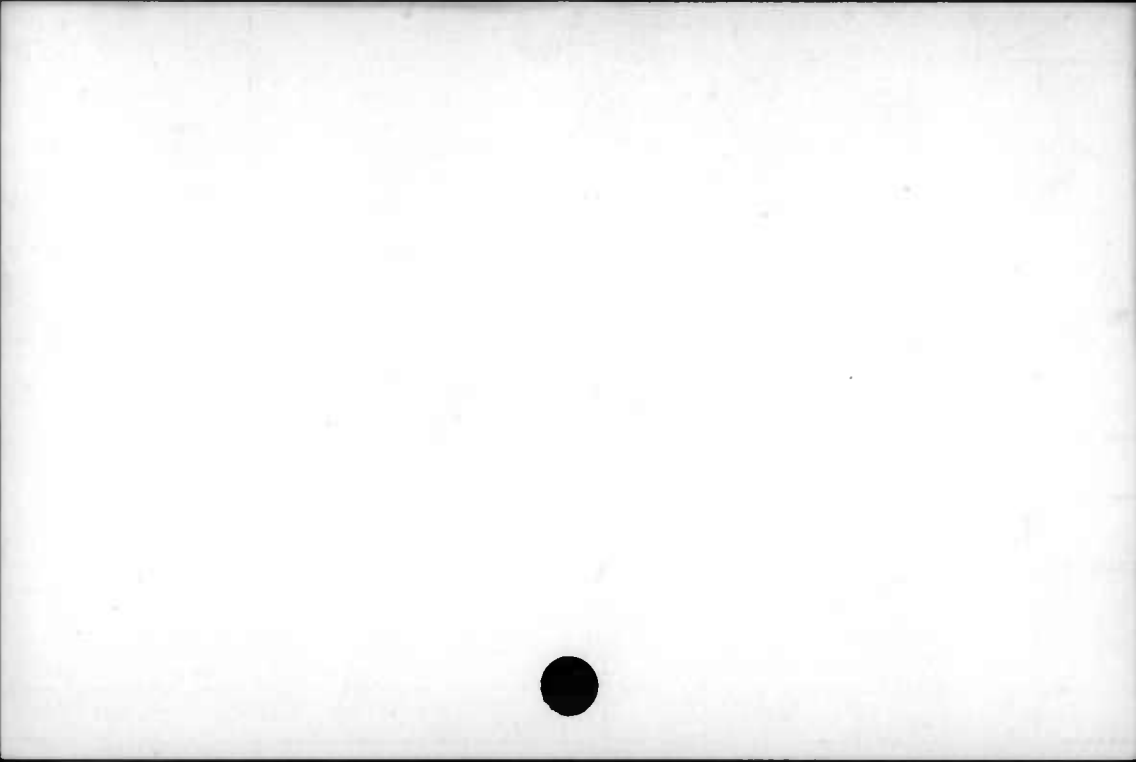
Died at <i>Sylkesville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>15</i>	Age <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>Springfield State Hosp</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hospital record</i>	How related to deceased				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 months.</i>
Immediate <i>Exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. L. L. L.</i>
	Address <i>Sylkesville</i>
Accident or Suicide?	



Name
in
Full

Samuel Theodore Otto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town New Windsor County Carrall MARYLAND

Died at New Windsor Carrall

Date of death 1908 8 Month 26 Day 52 Age 52 Months Days

Sex Male Color or Race White Birth-place Carrall Co Md

Occupation Life Insurance Agent Where Residing if not at place of death New Windsor Md

Married, Single Name of Wife or Emma L Otto
or Widowed Husband

Father's Name Peter Otto Father's Birthplace Carrall Co Md

Mother's Maiden Name Louise Laury Mother's Birthplace Mary Penn

Name of person giving Information Wife, Mrs Emma Otto How related to deceased Wife

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage How long Six days

Immediate Same How long Same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Brown

Address New Windsor Md

Accident or Suicide



11/11/11



Name in Full		Edna Pauline Penn		379		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Westminster</i> Town		<i>Cornwall</i> County		MARYLAND	
		Date of death <i>1908</i> Month <i>Sept</i> Day <i>13</i>		Age <i>5</i> Years		Months <i>8</i> Days <i>10</i>	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
son		Father's Name <i>Lorenza B. Penn</i>		Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Pearl Buckingham</i>		Mother's Birthplace <i>Maryland</i>			
		Name of person giving information <i>Mrs Lorenzo Buckingham</i>		How related to deceased <i>Mother</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">179</div> How long <i>2 months</i>			
		Immediate <i>Heart failure</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Coonan</i>			
				Address <i>Westminster</i>			
		Accident or Suicide?					

Stoner,

Windfield Cemetery

Name
in
Full

John Paul Phillinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

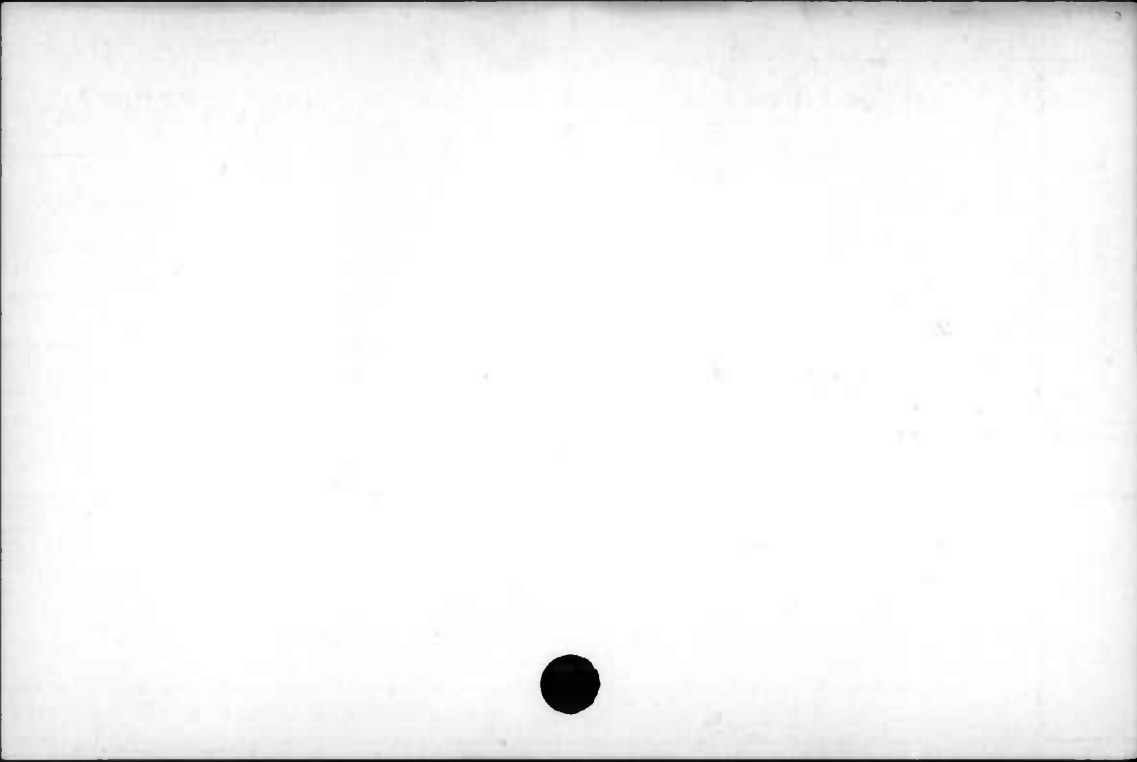
Died at ^{Town} Sykesville		^{County} Carroll		MARYLAND	
Date of death 1908	Month Aug.	Day 11	Age 64	Months 1	Days 23
Sex Male	Color or Race White		Birth-place Federick Co. Md.		
Occupation Manager Springfield Farm			Where Residing if not at place of death ---		
Married, Single or Widowed Married	Name of Wife or Husband Georgianna Phillinger				
Father's Name Paul Phillinger	Father's Birthplace Germany		Mother's Birthplace America		
Mother's Maiden Name Dont Know	Name of person giving information Georgianna Phillinger		How related to deceased Wife		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary Cirrhosis of Liver & Valvular Dis. Heart	How long 8 months
Immediate Exhaustion	How long ---
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Daniel B. Sprecher
	Address Sykesville, Md.
Accident or Suicide? ---	



Name
in
Full

CERTIFICATE OF DEATH

Ainta May Richards

Town

County

MARYLAND

Died at *Honchoyee*

Combee

Date

Month

Day

Years

Months

Days

of death *1908*

8

4

Age

1

—

—

Sex

Female

Color or
Race

White

Birth-
place

Phila. Pa.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John C. Richards

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Toolan

Mother's
Birthplace

Phila. Pa.

Name of person giving
information

John C. Richards

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ileo-Colitis

105

How long

1 wk.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edgar M. Bush

Address

Hempstead, Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Frank B. Rickell

no 380
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>14</i>
Age		<i>35-</i>	Years	<i>4</i>	Months
Days		<i>26</i>			
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Mason</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Sarah Rickell</i>		
Father's Name	<i>Adam Rickell</i>	Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>Mary Snyder</i>	Mother's Birthplace	<i>Pennsylvania</i>		
Name of person giving information	<i>Sarah Rickell</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>Ten years</i>
Immediate	<i>Heart</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Mathias</i>	
		Address <i>Westminster</i>	
		<i>MD</i>	
Accident or Suicide?			

St John's Catholic
Cemetery Stone

Name
in
Full

John Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

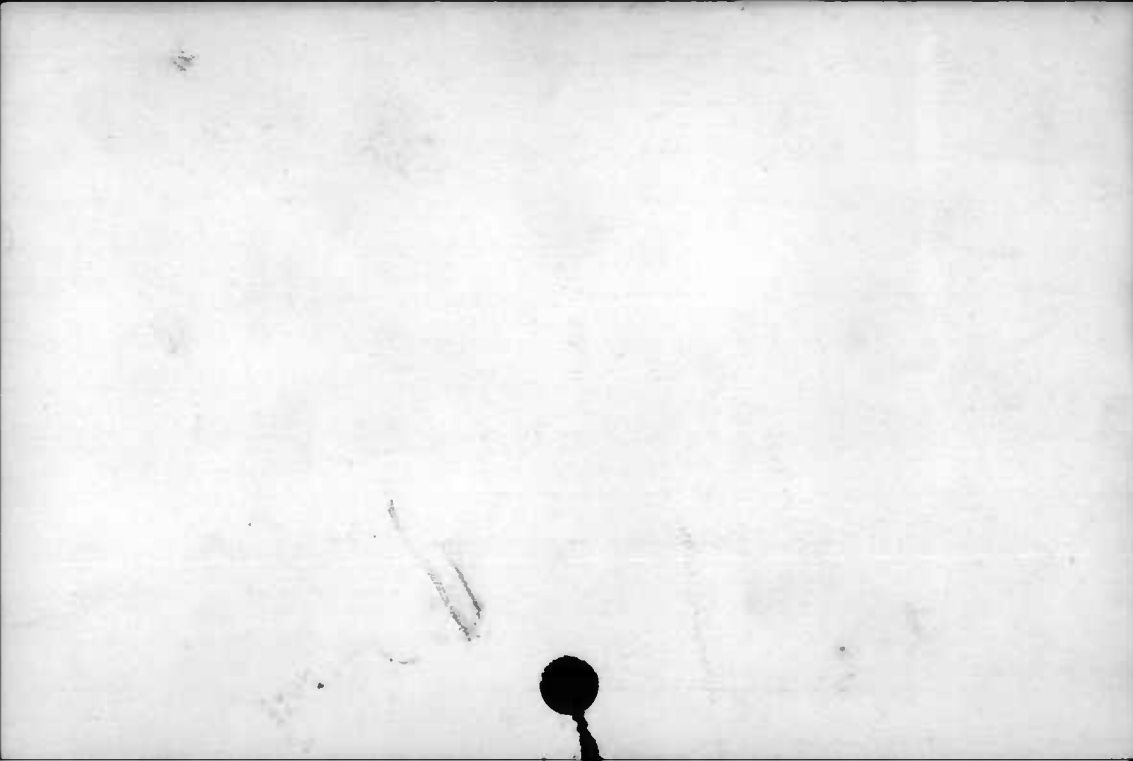
Died at		Town Mount Airy		County Carroll		MARYLAND	
Date of death		1906	Month Aug.	Day 13	Age	Years	Months 7 mo.
Sex		male		Color or Race		white	
Occupation				Where Residing if not at place of death		Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		?		Unknown		Father's Birthplace	
Mother's Maiden Name		?		Unknown		Mother's Birthplace	
Name of person giving Information		-				How related to deceased	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Two months about
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. E. Haver	
Address		Mt Airy Md	
Accident or Suicide?			



Name
in
Full

Clotworthy Barclay-Rodkey

CERTIFICATE OF DEATH

Died at Uniontown

Town

Barroll

County

MARYLAND

Date of death 1908 Aug

Month

18th

Day

Age 34

Years

Months 2

Days 20

Sex male

Color or Race White

Birth-place Maryland

Occupation Motorman

Where Residing If not at place of death Baltimore Md

Married, Single or Widowed Married

Name of Wife or Husband Maud Mowdroy

Father's Name Wesley Barclay

Father's Birthplace Maryland

Mother's Maiden Name Ella Stern

Mother's Birthplace Maryland

Name of person giving information J. Rodkey

How related to deceased Father-father

CAUSES OF DEATH

171

Primary Electric Shock

How long 3 mo

Immediate Heart Troubles

How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Luther Kemp

Address Uniontown Md

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

to church Good Cere,
Mountain
red

Name
in
Full

Elsie May Shaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

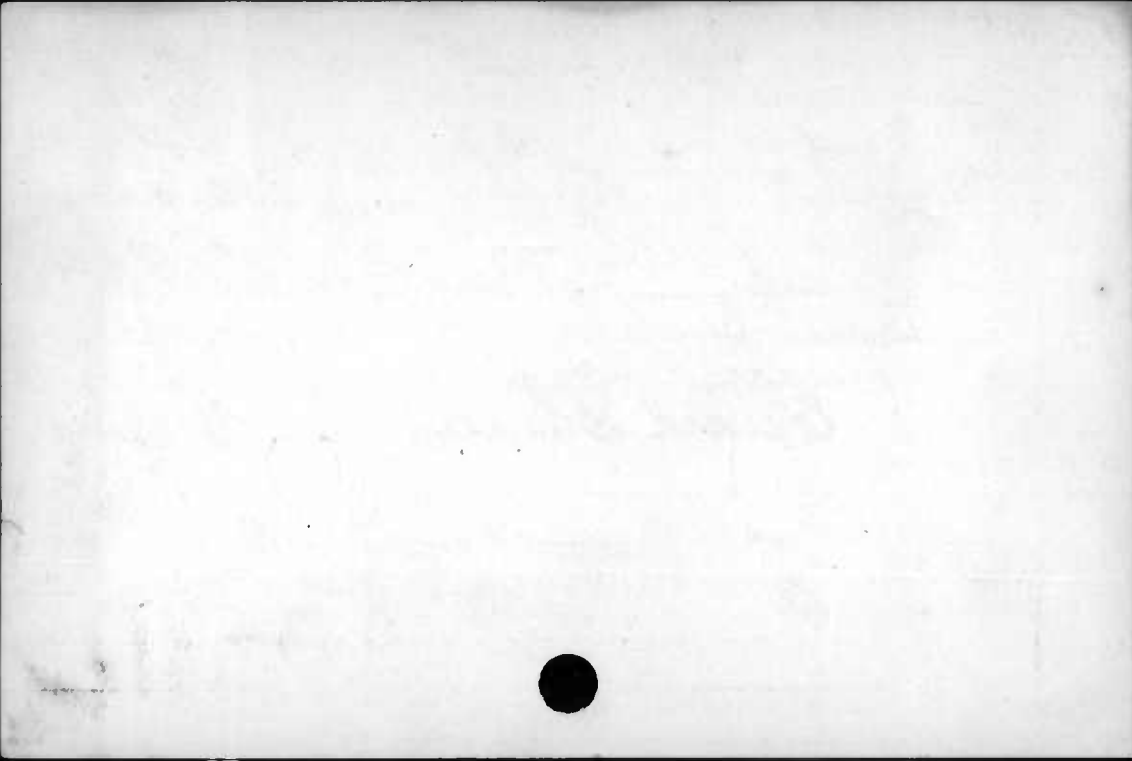
Died at <u>Hampstead</u>		County <u>Carroll</u>		MARYLAND	
Date of death	190 <u>8</u>	Month <u>8</u>	Day <u>6</u>	Age <u>20</u>	Years <u>7</u> Months <u>22</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Hampstead, Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Hampstead, Md.</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Clarence Theodore Shaver</u>				
Father's Name <u>Walter Murray</u>	Father's Birthplace <u>Hampstead, Md.</u>				
Mother's Maiden Name <u>Sarah A. Price</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>R. Blaine Murray</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

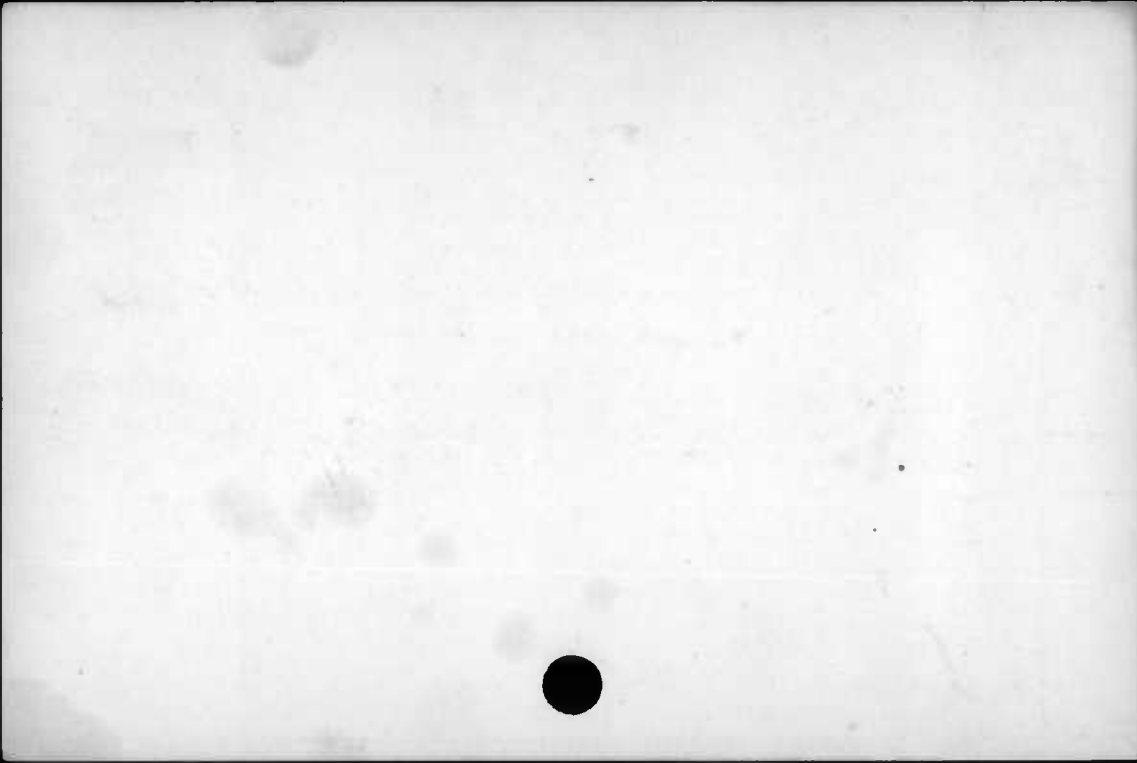
138

PHYSICIAN
OR CORONER

Primary <u>Puerperal Eclampsia</u>	How long <u>2 da</u>
Immediate <u>Heart Failure</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edgar M. Brink</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>no</u>	<u>J. H. Prestan</u>
	<u>Manchester, Md.</u>



Name in Full		Town		County		State	
Harry Shipley		Woodbine		Carroll		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		August 24		33		3 27	
Sex		Color or Race		Birth-place			
male		White		Woodbine			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		May Gomalier					
Father's Name		Baisel Shipley		Father's Birthplace		unknown	
Mother's Maiden Name		Margaret Harp		Mother's Birthplace		Woodbine	
Name of person giving information		Edward Shipley		How related to deceased		Brother	
CAUSES OF DETH							
Primary		Nephrotic and Peri-Carditis		How long		3 weeks	
Immediate		Uremia with Purpura Hemorrhagica		How long		4 days.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. D. Cronk	
				Address		Winfield Carroll Co.	
Accident or Suicide?							



Name
in
FullNo 378
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Jesse J. Shreve

Died at ^{Town} Westminster^{County} Carroll

MARYLAND

Date of death 1904 Aug 12 Age 60 Months 4 Days ~

Sex male Color or Race white Birth-place Maryland

Occupation Black Smith Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Agnes Grigling

Father's Name Levi Shreve Father's Birthplace Maryland

Mother's Maiden Name Mary Grammer Mother's Birthplace Lo

Name of person giving information Agnes Shreve How related to deceased Wife

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary Hepatic Colic How long 10 days -

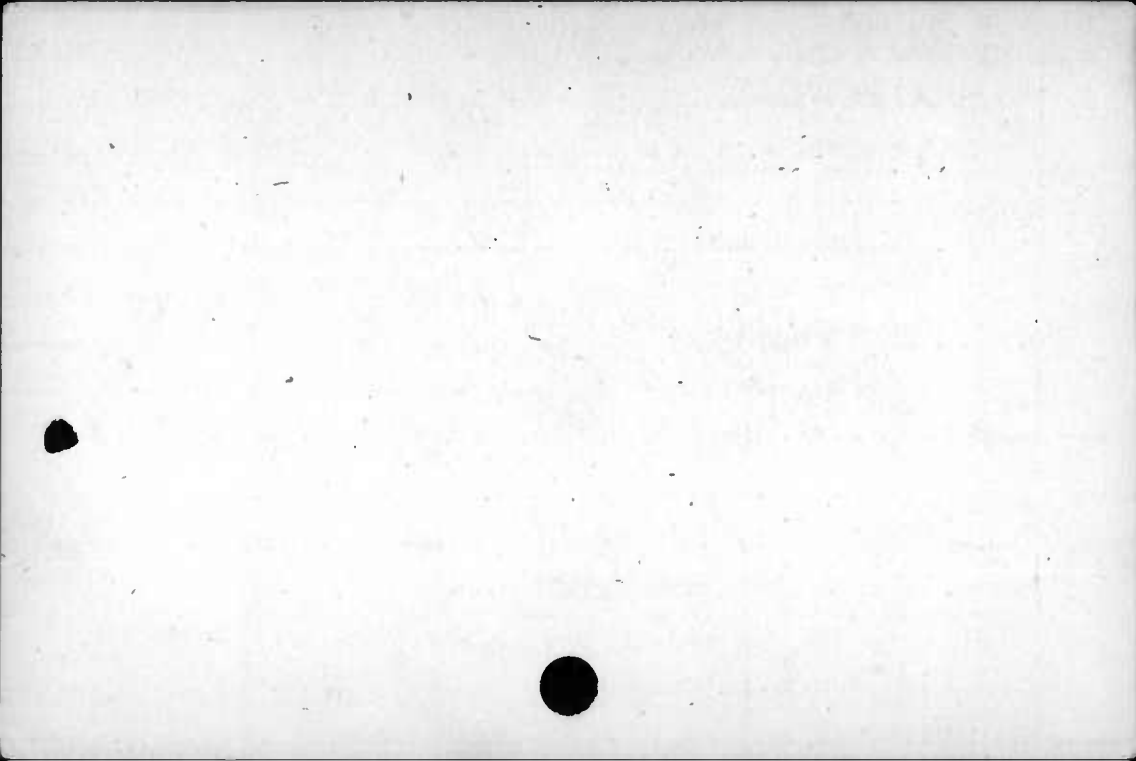
Immediate Acute Cardiac Dilatation How long one hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. R. Potts

Address Westminster

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

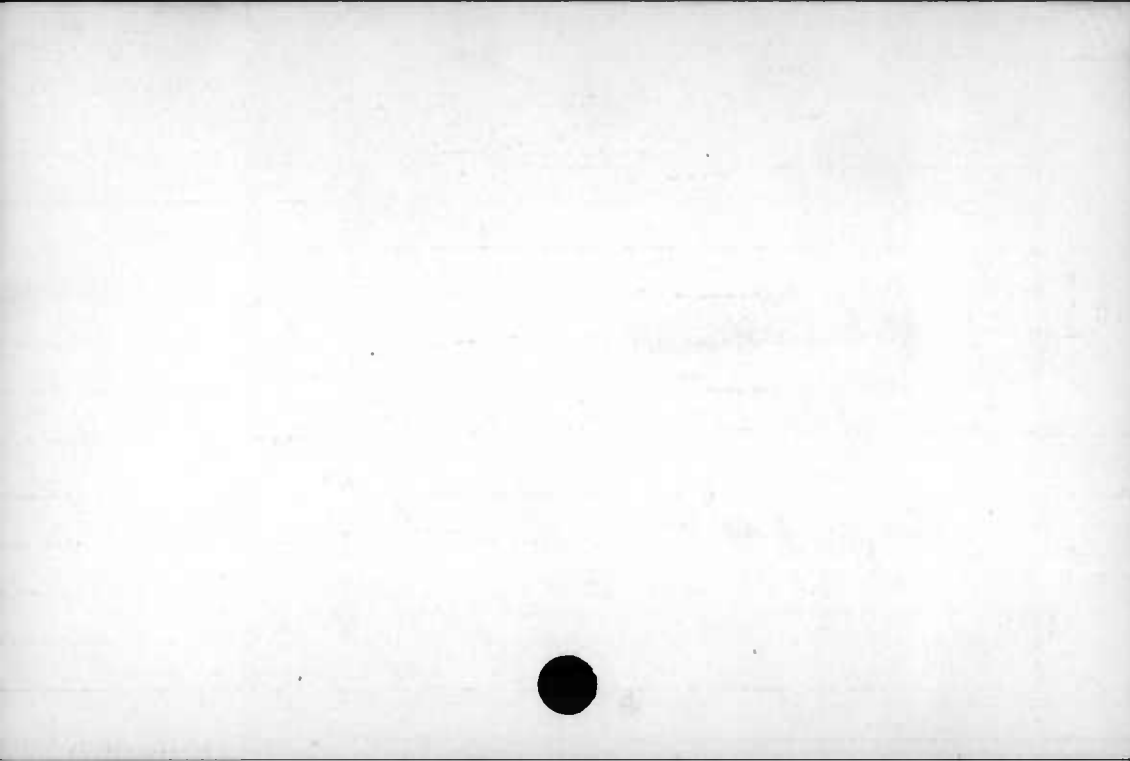
MARYLAND

Died at		Town		County	
Hampstead		Carroll			
Date of death	1908	Month	8	Day	16
Age	77	Years	8	Months	28
Sex	Male	Color or Race	White	Birth-place	Mr Holly, Pa
Occupation	Blacksmith	Where Residing if not at place of death	Hampstead Md		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Alice McClellan		
Father's Name	Samuel Shugars	Father's Birthplace	Not Known		
Mother's Maiden Name	Mary Lynch	Mother's Birthplace	" "		
Name of person giving information	Robt Shugars	How related to deceased	Son		

CAUSES OF DEATH

66

Primary	Hemiplegia Right -	How long	6 weeks
Immediate	Suffocation	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Physician	Signature of Physician	Dr P F Richards
	Address		Hampstead
Accident or Suicide?			



Name
in
Full

Thorton Eldridge Skeggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

not a city

Carroll

Date

of death 1908

Month

Aug

Day

12

Age

Years

Months

Days

12

Sex

male

Color or
Race

White American

Birth-
place

not a city and

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Clark Skeggs

Father's
Birthplace

Fred Co

Mother's
Maiden Name

Naomi A. Krummholz

Mother's
Birthplace

Fredrick Co

Name of person giving
In formation

Clark Skeggs

How related
to deceased

Father

CAUSES OF DEATH

150

Primary

Imperfect circulation

How long

12 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

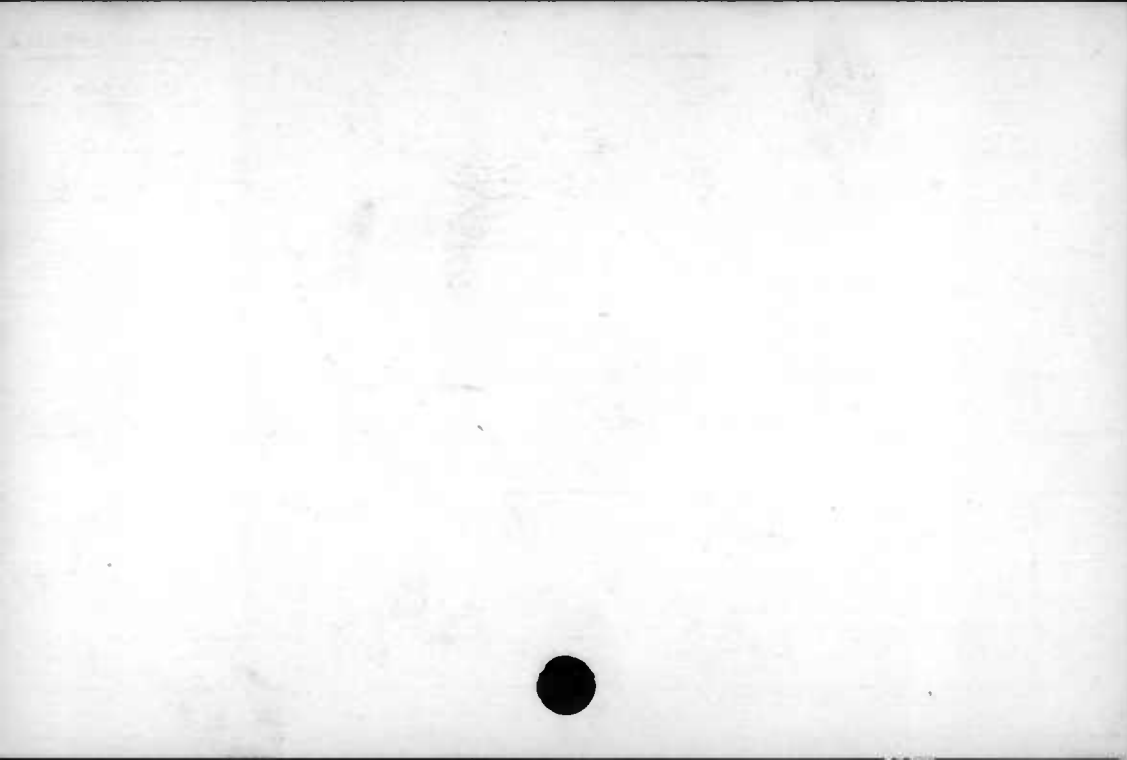
Signature of
Physician

W. E. Zaver

Address

not a city and

Accident or Suicide?



Name in Full		Ella Stentz Tracy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Manchester</i>		Town <i>Carroll</i>		County		MARYLAND
	Date of death <i>1908</i>	Month <i>August</i>	Day <i>13</i>	Age <i>33</i>	Years	Months <i>10</i>	Days <i>30</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Manchester</i>		
	Occupation <i>None.</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>				
	Father's Name <i>Wm. L. Tracy</i>				Father's Birthplace <i>Carroll Co. Md.</i>		
	Mother's Maiden Name <i>Susan Stentz</i>				Mother's Birthplace <i>York Co Pa.</i>		
Name of person giving information <i>Mary E. Musselman.</i>				How related to deceased <i>Sister</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Paraplegia</i>				How long <i>About 20 Years</i>		
	Immediate <i>Diarrhoea</i>				How long <i>Eight Days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. F. B. Upchurch</i>		
					Address <i>Manchester Md.</i>		
	Accident or Suicide? <i>---</i>						

10

35



Name
in
Full

Jonas F. Warner

CERTIFICATE OF DEATH

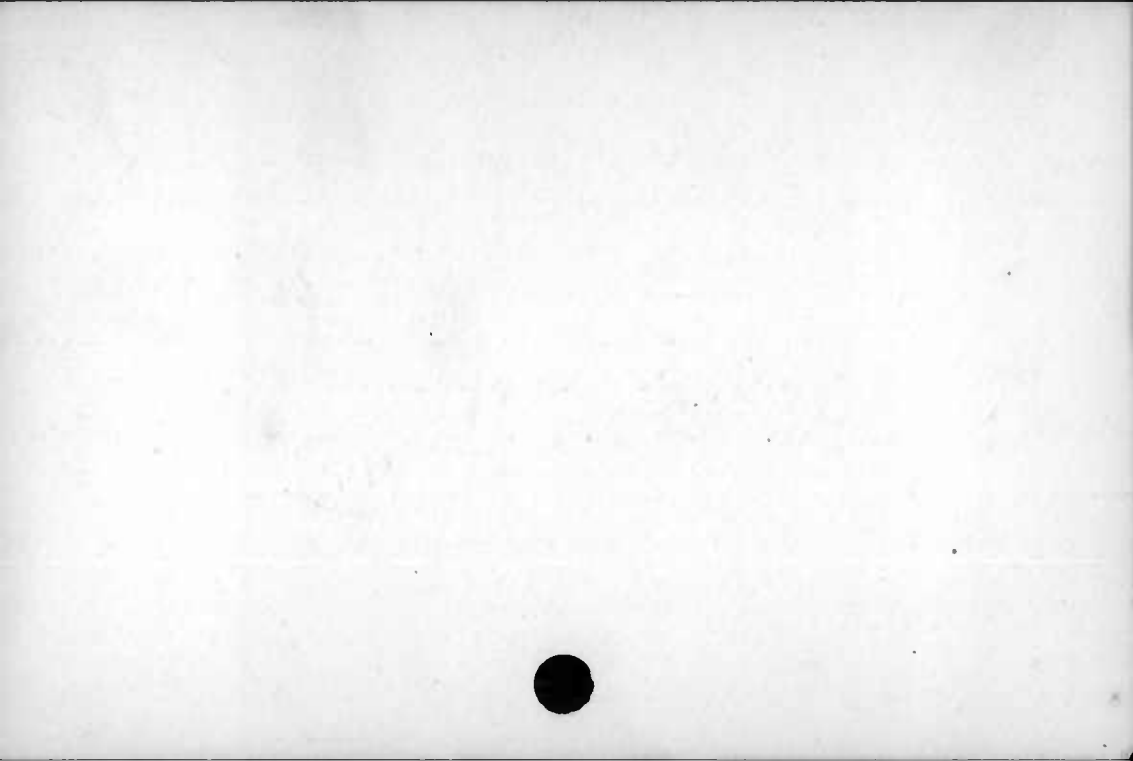
Died at		Town 6 Diset		County Carroll		MARYLAND	
Date of death		1908	Month 8	Day 14	Age 74	Years 7	Months 29
Sex White		Color or Race male		Birth- place Maryland			
Occupation Farmer				Where Residing if not at place of death Residence			
Married, Single or Widowed.				Name of Wife or Husband Annie Maria Bish dec'd,			
Father's Name John Warner				Father's Birthplace Maryland			
Mother's Maiden Name Barbra Fair				Mother's Birthplace Maryland			
Name of person giving In formation Annie Warner				How related to deceased Daughter			

CAUSES OF DEATH

14

PHYSICIAN OR CORONER	Primary	Dysentery	How long	14 days
	Immediate	Dysentery	How long	14 days
	Are the name, age, sex, color, date and place correctly given above?		yes.	
	Signature of Physician		John S. Ziegler	
		Address		Mehrose
				Md
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen C Wentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Lineboro		County Carroll	
Date of death	1908	Month Aug	Day 28	Age Years	57
Sex Female		Color or Race White		Birth- place	Lineboro
Occupation Housewife		Where Residing if not at place of death Lineboro			
Married, Single or Widowed		Name of Wife or Husband J. Valentine Wentz			
Father's Name Eph. Tracey		Father's Birthplace Balto. Co. Md.			
Mother's Maiden Name Margaret Kerling		Mother's Birthplace Carroll Co. Md.			
Name of person giving information J. Valentine Wentz		How related to deceased Husband			

CAUSES OF DEATH

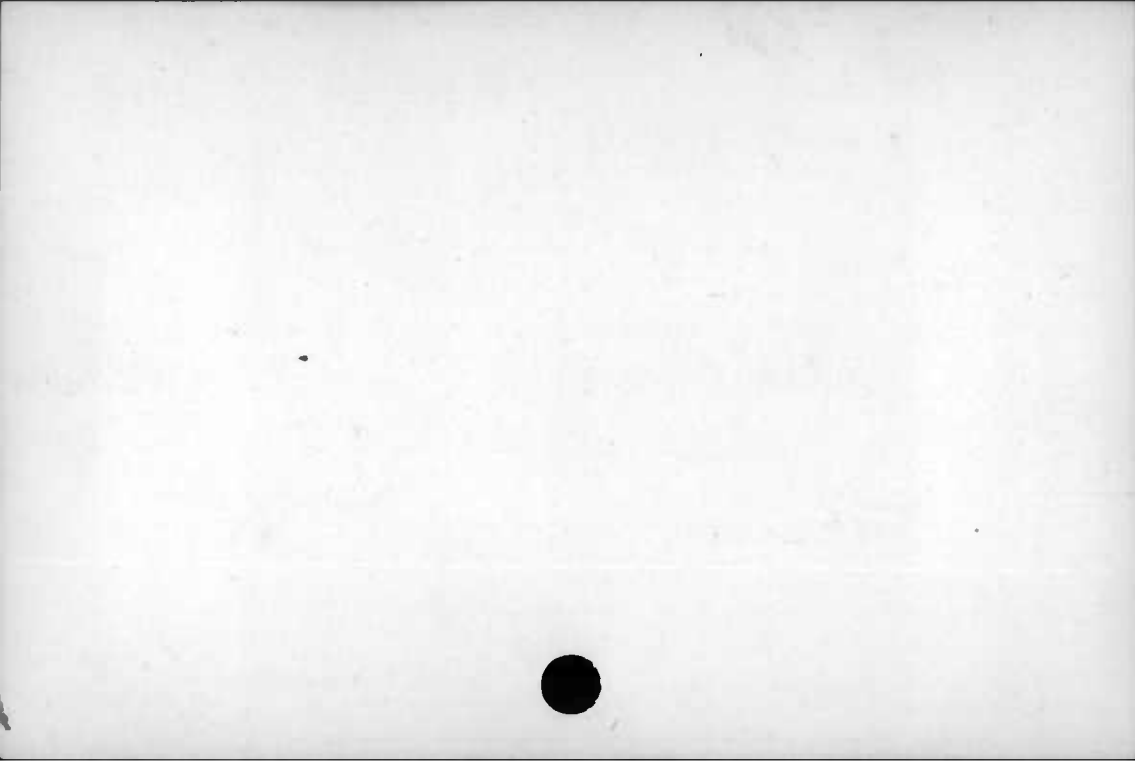
64

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	4 days
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. B. Weaver		
Yes		Address Manchester Md.		
Accident or Suicide?				

Aug
1908

Name in Full		Town		County		CERTIFICATE OF DEATH	
Ella Louise Wetzel		New Mount Airy		Carroll		MARYLAND	
Died		Date of death	Month	Day	Age	Years	Months
		1908	Aug.	24			6
Sex		Female.		Color or Race		White.	
Occupation		none.		Where Residing if not at place of death		above	
Married, Single or Widowed		Single.		Name of Wife or Husband			
Father's Name		Harry W. Wetzel.		Father's Birthplace		Md.	
Mother's Maiden Name		Ella Haines.		Mother's Birthplace		Md.	
Name of person giving information		Harry W. Wetzel.		How related to deceased		Father.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(150)</div>							
Primary		Hydrocephalus.		How long		since birth	
Immediate		Pressure symptoms on respiratory system.		How long		2 1/2 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. W. Lacy, M.D.	
Accident or Suicide?				Address		Linton, Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millers</u> Town		<u>Wink</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>2</u>	Age	Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Millers</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Harvey Wink</u>			Father's Birthplace <u>Carroll Co Md</u>		
Mother's Maiden Name <u>Hattie Hann</u>			Mother's Birthplace <u>Carroll Co Md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<u>Sill Born</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J H Sherman M.D.</u>	
	Address <u>Manchester</u>	
	<u>Md</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alveta C. Yingling

Town *Silver Run* County *Carroll*

Died at *Silver Run* *Carroll* **MARYLAND**

Date of death *1908* Month *Aug* Day *27* Age *43* Months *8* Days *9*

Sex *Female* Color or Race *White* Birth-place _____

Occupation *None* Where Residing If not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Wm. Yingling* Father's Birthplace _____

Mother's Maiden Name *Barbara Biddle* Mother's Birthplace _____

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary *General tuberculosis* How long *10 Yrs.*

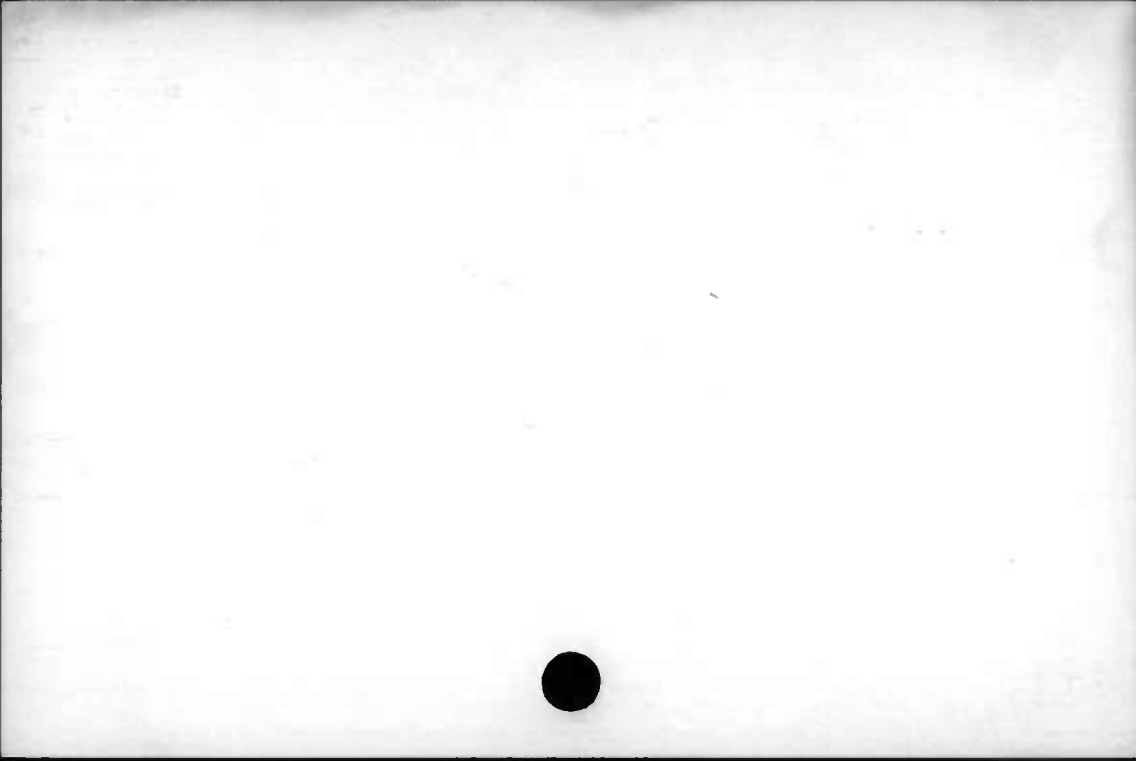
Immediate *Hemorrhage and heart failure* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Lewis Westel*

Address *Union Mills Md.*

Accident or Suicide _____



Name in Full		Annie Josephine Tringling				375 CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Westminster		Carroll		MARYLAND						
	Date of death	1908	Month	Aug	Day	3	Age	Years	1	Months		Days	17
	Sex	Female		Color or Race	White		Birth-place	Westminster, Md					
	Occupation					Where Residing if not at place of death				Horns.			
	Married, Single or Widowed	Single		Name of Wife or Husband									
	Father's Name	Charles W. Tringling						Father's Birthplace	Carroll Co. Md				
	Mother's Maiden Name	Annie Josephine Lane						Mother's Birthplace	Carroll Co Md				
Name of person giving information		Charles W. Tringling						How related to deceased	Father				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="position: absolute; right: 0; top: 0; border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">105</div>													
PHYSICIAN OR CORONER	Primary	Dentition						How long	Several weeks				
	Immediate	Enteritis + Convulsions						How long	2 days				
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas R. Fout						
					Address		Westminster Md						
Accident or Suicide? <input checked="" type="checkbox"/>													

St Johns Cathedral
Stoner